

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 002 ***150.00

DOCUMENT # P00000027131

1. Entity Name
BISHOP, ORTIZ & LOCASCIO ASSOCIATES, INC.



Principal Place of Business
**301 AVENUE K SE
WINTER HAVEN, FL 33883 US**

Mailing Address
**787 7TH AVENUE
49TH FLOOR
NEW YORK, NY 10019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number
13-4125883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ZUCCARO, ROBERT**
STREET ADDRESS **787 SEVENTH AVE, 49TH FL.**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **LOCASCIO, ANTHONY**
STREET ADDRESS **301 AVENUE K SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33883**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **ORTIZ, ROBERT**
STREET ADDRESS **301 AVENUE K SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33883**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LIESER, LORI M**
STREET ADDRESS **500 W MADISON STE 3650 2400**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SHERR OLSON, STEPHANIE**
STREET ADDRESS **787 SEVENTH AVE 49TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE ☒ Change ☐ Addition
NAME **Hinkson, Malika**
STREET ADDRESS **787 Seventh Ave, 11th Fl.**
CITY-ST-ZIP **New York, NY 10019**

TITLE **V** ☒ Delete
NAME **HAMMOND, DOUGLAS**
STREET ADDRESS **787 SEVENTH AVE, 49TH FL.**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori M. Lieser

Lori M. Lieser

4-21-05

36985-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #