

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047112

1. Entity Name

BCS CONSULTANTS OF TAMPA, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90086 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 260891
TAMPA FL 33685-0891

P.O. BOX 260891
TAMPA FL 33685-0891

644058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643397

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

FEW, W. CROSBY ESQ
109 N BRUSH ST, STE. 202
TAMPA FL 33602

Name

LILLIE S. SWEETMAN

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

6906 SHADY PLACE

City

TAMPA

FL

Zip Code

33634

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.

SIGNATURE LILLIE S. SWEETMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Lillie S. Sweetman 4-6-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SWEETMAN, BARRY C
STREET ADDRESS 6906 SHADY PL.
CITY-ST-ZIP TAMPA FL 33634

TITLE PS ☒ Change ☐ Addition
NAME SWEETMAN, BARRY C.
STREET ADDRESS 6906 SHADY PLACE
CITY-ST-ZIP TAMPA FL 33634

TITLE TS ☐ Delete
NAME SWEETMAN, LILLIE S
STREET ADDRESS 6906 SHADY PL.
CITY-ST-ZIP TAMPA FL 33634

TITLE V-T ☒ Change ☐ Addition
NAME SWEETMAN, LILLIE S.
STREET ADDRESS 6906 SHADY PLACE
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barry C. Sweetman
Barry C. Sweetman

4/17/01

(813) 901-9068

Date

Daytime Phone #

CR2E034 (10/00)