

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 045 ***150.00

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1. Entity Name
BPD INTERNATIONAL, INC.



Principal Place of Business
**3900 OLDFIELD CROSSING DRIVE
SUITE 1320
JACKSONVILLE, FL 32223**

Mailing Address
**P.O. BOX 551260
JACKSONVILLE, FL 32255**

94055156

2. Principal Place of Business
13152 RIVERGATE TRAIL WEST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04122004 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE, FLORIDA

City & State

4. FEI Number
59-3656682

Applied For
Not Applicable

Zip
32223

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **YURDAKUL, BAHTIYAR**
STREET ADDRESS **3900 OLDFIELD CROSSING DRIVE SUITE #1320**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Change ☐ Addition
NAME **YURDAKUL BAHTIYAR**
STREET ADDRESS **13152 RIVERGATE TRAIL WEST**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32223**

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2003

Date

9048802808

Daytime Phone #