2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000065711

1. Entity Name

BPD INTERNATIONAL, INC.



Apr 15, 2003 8:00 am 8 Secretary of State **FILED**

04-15-2003 90116 045 ***150.00

Zip Country Zip Country 5, Cgrificate of Status Desired S8.75 Additional Face Required Scheme and Address of Current Registered Agent 7 Name and Address of New Registered Agent Replication and Address of Current Registered Agent 7 Name and Address of New Registered Agent Replication Status Desired Repeated Agent Replication Repeated Agent Replication Repeated Agent Replication Repeated Agent Replication Repeated Agent Repeated Agent Replication Replication Repeated Agent Replication							1									
Suite, Apt. ii, etc. Suite, Apt. ii, etc. Suite, Apt. ii, etc. CHECK HERE IF MAKING CHANGES City & State Chy & State Check HERE IF MAKING CHANGES Applied For Suite A. FEI Number 59-3656682 Applied For Not Applied To Suite Applied For Suite Place and Address of Ourself Rigistered Applied For Suite Place and Address of New Registered Applied For Suite Place and Address of New Registered Applied For Suite Place Address (P.O. Box Number is Not Acceptable) SchNetDer, MiChael N Street Address (P.O. Box Number is Not Acceptable) File Now Full FeE is \$150.00 After May 1, 2003 Fee will be \$350.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State The Now Full FeE is \$150.00 Address May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State The Now Full FeE is \$150.00 Address May 1, 2003 Fee will be \$300.00 School Applied For State Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) DATE WAR SIRE ADDRESS 3000 OLDFEED CROSSING DRIVE SUITE #1320 THE Now SIRE ADDRESS 3000 OLDFEED CROSSING DRIVE SUITE #1320 THE Now SIRE ADDRESS 3000 OLDFEED CROSSING DRIVE SUITE #1320 THE Now SIRE ADDRESS 3000 OLDFEED CROSSING DRIVE SUITE #1320 THE Now SIRE ADDRESS 3000 OLDFEED CROSSING DRIVE SUITE #1320 THE Now SIRE ADDRESS 3000 OLDFEED CROSSING SI	3900 OLDFIEL SUITE 1320	LD CROSSING DRIV	E	P.O.	BOX 551260											
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SCHNEIDER, MICHAEL N SCHNEIDER, MICHAEL N STORE AGARDER ST	City & State			City & State			_	4. FEI Number 59-36566			3656682	2		Applied For Not Applicable		
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE FL 32256 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 farmiliar with, and acct the obligations of registered agent. SIGNATURE Synapse, byped or pred name of registered registered agent and life if application. (NOTE Registered Agent signature recurred when incitating) DATE	Zip 	Co	untry	Zip		Count	try						—Fee Re			_
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE FL 32256 City FL Zip Code City FL Zip Code City FL Zip Code City PL		─6: Name and	Address of Current	Registere	ed Agent	-			-Name a	nd Address	s of New F	legistere	d-Agent			= -
SIGNATURE FILE NOW!!! FIEE IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Priord name of registered agent of State 10.	SCHNEIDI	ER, MICHAEL N						Idress (P.O.	Box Nun	her is Not A	Accentable	e)				-
R. 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 acc the obligations of registered agent. Signature Synature hybrid or prest name of registered agent agent and title if applicable. (NOTE Registered Agent signature required when re-trastering) DATE	• •															+
SIGNATURE Signature Signa	JACKSON	WILLE I E 32230					City				 	F	L Zip	Code		$\frac{1}{2}$
FILE NOW!! FIEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1 VIRDAKUL BAHTIYAR 3900 OLDFIELD CROSSING DRIVE SUITE #1320 STREET ADDRESS CITY-S1-2IP 1TILE 1 ANAME SIRRET ADDRESS CITY-S1-2IP 1 ANAME SIRRET ADDRESS				r the purp	oose of changing its	registere	ed office or	registered a	agent, or	both, in the	State of Flo	orida. La	m familiar	with, a	ind accept]
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STRET ADDRESS S	SIGNATURE.	Signature, typed or print	ed name of registered agent a	and title if app	olicable. (NOTE	: Registered	d Agent signatur	e required wher	n reinstating)			DATE	:			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	After	r May 1, 2003 Fe	e will be \$550.00	State								-				
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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:

April 10.2003

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