

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90144 024 \*\*\*150.00

**DOCUMENT # P00000086891**

1. Entity Name  
**B C FORMWORK INC.**

Principal Place of Business  
**6261 LANSLOWNE CIRCLE  
 BOYTON BEACH FL 33437**

Mailing Address  
**6261 LANSLOWNE CIRCLE  
 BOYTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7113 DAVIT CR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7113 DAVIT CR.**  
 Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL**  
 Zip  
**33467** Country  
**U.S.**

City & State  
**LAKE WORTH, FL**  
 Zip  
**33467** Country  
**U.S.**

4. FEI Number **65-1039507**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BELISLE, GHISLAIN  
 6261 LANSLOWNE CIRCLE  
 BOYTON BEACH FL 33437**

Name  
**7113 DAVIT CR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **LAKE WORTH** FL Zip Code **33467**

7. Name and Address of New Registered Agent

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 **X Ghislain Belisle**

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

(NOTE: Registered Agent signature required when reinstating)

**4-26-02**  
 DATE

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, 2002 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

TITLE **D PRESIDENT** ☐ Delete  
 NAME **BELISLE, GHISLAIN**  
 STREET ADDRESS **6261 LANSLOWNE CIRCLE**  
 CITY-ST-ZIP **BOYTON BEACH FL 33437**

TITLE **D** ☒ Delete  
 NAME **COURCHESNE, RICHARD**  
 STREET ADDRESS **6261 LANSLOWNE CIRCLE**  
 CITY-ST-ZIP **BOYTON BEACH FL 33437**

TITLE **VICE PRESIDENT** ☐ Delete  
 NAME **Sylvie Lalonde**  
 STREET ADDRESS **7113 DAVIT CR.**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7113 DAVIT CR.**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE ☐ Change ☒ Addition  
 NAME **Sylvie Lalonde**  
 STREET ADDRESS **7113 DAVIT CR.**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE ☐ Change ☐ Addition  
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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: **Sylvie Lalonde**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02** **54-432-1118**  
 Date Daytime Phone #

CR2E034 (9/01)