

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90126 038 ***150.00

STATE OF FLORIDA

DOCUMENT # P00000091633

1. Entity Name
BC'S ISLAND VENTURES OF KEY LARGO, INC.



Principal Place of Business
104450 OVERSEAS HWY
KEY LARGO FL 33037
US

Mailing Address
239 ATLANTIC BLVD
KEY LARGO FL 33037
US

00010010



2. Principal Place of Business
10400 O/S Hwy
Suite, Apt. #, etc.

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

City & State
Key Largo, FL

City & State

Zip
33037 Country
USA

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1043504** 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
BERRY, BRIAN E 239 ATLANTIC BLVD KEY LARGO FL 33037	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete BERRY, BRIAN E 239 ATLANTIC BLVD KEY LARGO FL 33037	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPST	<input type="checkbox"/> Delete BERRY, CARRIE 239 ATLANTIC BLVD KEY LARGO FL 33037	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Brian E Berry* **1/28/03** **305-451-4957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)