

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90128 014 \*\*\*150.00

**DOCUMENT # P00000093622**

1. Entity Name  
**BIGELOW VENTURES, INC.**

Principal Place of Business

**3300 W SAN PEDRO ST  
TAMPA FL 33629**

Mailing Address

**3300 W SAN PEDRO ST  
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3672988**

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

**BIGELOW, MARCIA A  
3300 W SAN PEDRO ST  
TAMPA FL 33629**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **BIGELOW, MARCIA A**  
STREET ADDRESS **3300 W SAN PEDRO ST**  
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **D** ☒ Delete  
NAME **SCHARFENSTEIN, F.W.**  
STREET ADDRESS **3300 W SAN PEDRO ST**  
CITY-ST-ZIP **TAMPA FL 33629**

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

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  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCIA BIGELOW**

**9/5/02**

**813-837-1749**

CR2E034 (4/02)

Attachment  
#P00000093622  
978637

Bigelow Ventures, Inc.  
3300 W. San Pedro St.  
Tampa, FL 33629

September 4, 2002

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: Above Corp  
59-3672988  
UBR

Dear Sir or Madam:

I am enclosing your form for 2002 and a check in the amount of \$150.00.

Please waive the additional amount, as this is the only form I received for this year, and was unaware it was due in May. I found this out by calling the number on your form and was instructed to write to you explaining this situation.

If I had received the first form, I would have filed in a timely fashion.

Thanks for your consideration in this matter.

Sincerely,



Bigelow Ventures, Inc.  
Marcia Bigelow, President