

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 033 ***150.00

DOCUMENT # P00000099622

1. Entity Name
BSO, INC.

Principal Place of Business

**6400 N ANDREWS AVE
FT LAUDERDALE FL 33309**

Mailing Address

**6400 N ANDREWS AVE
FT LAUDERDALE FL 33309**

2. Principal Place of Business

300 SE 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

300 SE 2nd St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1065766

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

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

**JONES, PATRICIA
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309**

Name

Jones, Patricia

Street Address (P.O. Box Number is Not Acceptable)

300 SE 2nd St.

City

Ft. Lauderdale

FL

Zip Code
33301

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

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIKES, TERRY W 6400 N ANDREWS AVE FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STILES, TERRY W. 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P. 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W. 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'SHEA, DENNIS F. 300 SE 2nd St. Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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
Patricia Jones, WS

4/3/01

Date

954/627-9300

Daytime Phone #

CR2E034 (10/00)

Attachment

835417

UNIFORM BUSINESS REPORT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 #P00000099622

TITLE:	V	Addition
NAME:	PALMER, STEPHEN R.	
STREET ADDRESS:	300 SE 2 nd St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	