

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 011 ***150.00

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1. Entity Name
BRIDGEVIEW HOLDINGS, INC.



Principal Place of Business
**3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

Mailing Address
**3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**



2. Principal Place of Business

3056 SUTTON WOODS DR

3. Mailing Address

3056 SUTTON WOODS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANT CITY, FL

City & State
PLANT CITY, FL

4. FEI Number **59-3731397**

Applied For
Not Applicable

Zip
33566

Country
USA

Zip
33566

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLOK-ANDERSON, KIM
3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name
BLOK-ANDERSEN, KIM
Street Address (P.O. Box Number is Not Acceptable)
3056 SUTTON WOODS DRIVE
PLANT CITY FL 33566

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

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

TITLE
PSTD
NAME
BLOK-ANDERSON, KIM
STREET ADDRESS
3056 SUTTON WOODS DRIVE
CITY-ST-ZIP
PLANT CITY FL 33567

TITLE
D
NAME
BROWN, DAVID S
STREET ADDRESS
1 MARINA ROAD
CITY-ST-ZIP
PT. EDWARD, ONT CAN N7T 7L7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD
NAME
BLOK-ANDERSEN, KIM
STREET ADDRESS
3056 SUTTON WOODS DRIVE
CITY-ST-ZIP
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 powers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)