

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90189 001 \*\*\*450.00

**DOCUMENT #** P01000079233

**1. Entity Name**

BPI SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

510 W. Arizona Avenue

Suite, Apt. #, etc.

**3. Mailing Address**

510 W. Arizona Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

DeLand, FL

**City & State**

DeLand, FL

**4. FEI Number**

03-0406511

**Applied For**

**Not Applicable**

**Zip**

32720

**Country**

Volusia

**Zip**

32720

**Country**

Volusia

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Larry Ball

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

510 W. Arizona Avenue

**City**

DeLand,

**FL**

**Zip Code**  
32720

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FEE IS \$61.25  
Initial or Amended UBR**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
P/D BALL, LARRY 510 W. ARIZONA AVE. DELAND, FL 32720	

**DO NOT WRITE  
IN THIS SPACE**

**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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other duly empowered**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E037B (12/01)