

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90298 014 \*\*\*150.00

0042301 AV

**DOCUMENT # P01000094820**

1. Entity Name  
**BISHOP GOLF, INC.**



Principal Place of Business  
**1071 KINGS RD.  
NEPTUNE BCH FL 32266**

Mailing Address  
**1071 KINGS RD.  
NEPTUNE BCH FL 32266**



2. Principal Place of Business

**13867 Weeping Willow Way**  
Suite, Apt. #, etc.

3. Mailing Address

**13867 Weeping Willow Way**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, FL 32224**

City & State  
**Jacksonville, FL**

4. FEI Number  
**59-3758594**

Applied For  
☐ Not Applicable

Zip  
**32224** Country

Zip  
**32224** Country

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

6. Name and Address of Current Registered Agent

**BISHOP, STEPHEN E  
1071 KINGS RD.  
NEPTUNE BCH FL 32266**

7. Name and Address of New Registered Agent

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

**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  
**D** ☐ Delete  
NAME  
**BISHOP, STEPHEN E**  
STREET ADDRESS  
**1071 KINGS RD.**  
CITY-ST-ZIP  
**NEPTUNE BCH FL 32266**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**Treasurer** ☐ Change ☒ Addition  
NAME  
**KYUNG BISHOP**  
STREET ADDRESS  
**1071 Kings Rd 13867, Weeping Willow**  
CITY-ST-ZIP  
**NEPTUNE BEACH, FL 32266 32224**  
**Jacksonville.** ☐ Change ☐ Addition

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 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 other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03**

Date

**904) 241-0340**

Daytime Phone #

CR2E0304 01/0/02