

**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 # P01000098580

1. Entity Name

BPI INTERNATIONAL, 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

02-0563635

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
P/D
NAME
BALL, LARRY
STREET ADDRESS
510 W. Arizona Avenue
CITY-ST-ZIP
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO-NOT-WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)