

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90091 040 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000119703

1. Entity Name
BPW GOLF - USA, INC.

Principal Place of Business
814 W. NEW HEAVEN AVE.
MELBOURNE FL 32901

Mailing Address
814 W. NEW HEAVEN AVE.
MELBOURNE FL 32901

2. Principal Place of Business
814 W. NEW HAVEN AVE.

3. Mailing Address
814 W. NEW HAVEN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELBOURNE, FL.

City & State
MELBOURNE, FL.

4. FEI Number
59-3738812

Applied For
Not Applicable

Zip Country
32901 BREVARD

Zip Country
32901 BREVARD

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

CASON, TIMOTHY SR
814 W. NEW HEAVEN AVE.
MELBOURNE FL 32901

Name
TIMOTHY P. CASON, SR.

Street Address (P.O. Box Number is Not Acceptable)
4025 POST ROAD

City **MELBOURNE** **FL** Zip Code **32934**

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 **TIMOTHY P. CASON, SR. PRESIDENT**

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, 2002 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 **D** ☐ Delete
NAME **CASON, TIMOTHY SR**
STREET ADDRESS **4025 POST RD.**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **D** ☐ Delete
NAME **CASON, YVETTE**
STREET ADDRESS **4025 POST RD.**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **D** ☐ Delete
NAME **CASON, FAITH**
STREET ADDRESS **4025 POST RD.**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TIMOTHY P. CASON, SR.

Date

Daytime Phone #

3-15-02
1-321-254-4922