

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 034 ***150.00

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

Suite, Apt. #, etc.

Melbourne

City & State

Florida

Zip

32901

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32901

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3738812

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASON, TIMOTHY SR
4025 POST RD
MELBOURNE, FL 32934**

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 maintaining)

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 1-321-409-1505

Date

Daytime Phone #

CR2E034 (10/02)