

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90132 043 ***150.00

DOCUMENT # P02000054055

1. Entity Name
BMP CERTIFICATION CORPORATION



Principal Place of Business
**ONE INDEPENDENT DR STE 2600
JACKSONVILLE FL 32202**

Mailing Address
**ONE INDEPENDENT DR STE 2600
JACKSONVILLE FL 32202**

2. Principal Place of Business
132 SEA LILLY LANE
Suite, Apt. #, etc.

3. Mailing Address
132 SEA LILLY LANE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PONTE VEDRA BCH., FL
Zip
32082
Country
USA

City & State
PONTE VEDRA BCH., FL
Zip
32082
Country
USA

4. FEI Number
01-0721862

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODINSON, MARY A
ONE INDEPENDENT DR STE 2600
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
ROBISON, MARY A.
Street Address (P.O. Box Number is Not Acceptable)
ONE INDEPENDENT DR., STE 2600
City
JACKSONVILLE FL 32202

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 *Mary A Robison*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/22/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BIERCE, LAURENCE M
1215 PINE CIR
MACCLENNY FL 32063 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHAW, MARK D
132 SEA LILY LN
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HEYMAN, J TAD
659 OCEAN BLVD
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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)(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 all other like empowered.

SIGNATURE: *MARY SHAW*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
2/4/03
Daytime Phone #
904-292-1611

CR2E034 (10/02)