

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAY 9 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057434

1. Entity Name  
B.C.D.L. 2, INC.



Principal Place of Business  
3689 W WATERS AVE  
TAMPA, FL 33614

Mailing Address  
3689 W WATERS AVE  
TAMPA, FL 33614

203 38th Ave North  
St. Petersburg FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
01-0718529

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BUCHANAN, ROBERT A II  
15601 GULF BOULEVARD  
REDINGTON BEACH, FL 33708

Name

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

203 38th Ave. North

City

St. Petersburg

FL

Zip Code  
33704

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

Amended AR is \$61.25

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 D ☐ Delete  
NAME BUCHANAN, ROBERT A II  
STREET ADDRESS 15601 GULF BOULEVARD  
CITY-ST-ZIP REDINGTON BEACH, FL 33708

TITLE VP/T ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME UNGER, CINDIE  
STREET ADDRESS 1237 BRIGHT WATERS BLVD NE  
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE P/S ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME TABMAN, STUART  
STREET ADDRESS 11120 8TH ST E  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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

TITLE D ☒ Delete  
NAME BOGACKI, EDWARD  
STREET ADDRESS 3689 W WATERS AVE  
CITY-ST-ZIP TAMPA, FL 33614

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

Cindie C. Unger Director 5.3.15 727-551-0486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/05