

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90046 010 ***158.75

DOCUMENT # P02000111242

1. Entity Name
BHSR, INC.



Principal Place of Business
**1885 ORANGE BLVD WAY SOUTH #C
PALM HARBOR FL 34683**

Mailing Address
**PO BOX 6171
PALM HARBOR FL 34684-0771**

90005991



2. Principal Place of Business
9046 Callaway Drive

3. Mailing Address
Suite, Apt. #, etc.

City & State
Trinity FL
Zip
34655
Country
USA

City & State
Zip
Country

4. FEI Number
90-0052430

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ENDSLEY, WALTER S
7951 58TH AVE N APT 307
ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name **SUSAN CONNOR**
Street Address (P.O. Box Number is Not Acceptable)
9046 Callaway Drive
City **Trinity** State **FL** Zip Code **34655**

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 *Susan M. Connor*
Signature, typed or printed name of registered agent and title if applicable.

Susan M. Connor

1/16/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PSD CONNOR, SUSAN M**
STREET ADDRESS **PO BOX 6171**
CITY-ST-ZIP **PALM HARBOR FL 34684-0771**
☐ Delete

TITLE
NAME **P/m/T Connor, Susan M.**
STREET ADDRESS **PO Box 6171**
CITY-ST-ZIP **Palm Harbor, FL 34684-0771**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME **V/S/D Connor, Carrie**
STREET ADDRESS **120 Martha Lane**
CITY-ST-ZIP **Oldsmar, FL 34677**
☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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: *Susan M. Connor* **Susan M. Connor** **1/16/03** **727-771-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0586654 AV

CR2E034 (10/02)