## 2003 FOR PROFIT CORPORATION

## Jan 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P02000113978 DOCUMENT # 01-21-2003 90229 017 \*\*\*150.00 1. Entity Name BIDWELL ENTERPRISES, INC. Principal Place of Business Mailing Address 2680 GREENBRIAR BOULEVARD 2680 GREENBRIAR BOULEVARD WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 2680 Green $\sim 00^{\circ}$ Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For Not Applicable Country \$8.75 Additional Palm Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 agen SIGNATURE amo (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME BIDWELL, JAMES H NAME **2680 GREENBRIAR BOULEVARD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-71P TITLE SVD Delete TITLE Change Addition NAME NAME BIDWELL, DARIA STREET ADDRESS STREET ADDRESS 2680 GREENBRIAR BOULEVARD CITY-ST-7IP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete TITI E TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

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