

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91899 012 \*\*\*150.00

0008645 AT

**DOCUMENT # P02000125154**

1. Entity Name

BRIDGMARC ENTERPRISES, INC.



Principal Place of Business

1642 ALLEN RD  
CLEWISTON FL 33440

Mailing Address

1642 ALLEN RD  
CLEWISTON FL 33440

2. Principal Place of Business

700 Allen Road

Suite, Apt. #, etc.

3. Mailing Address

700 Allen Road

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Clewiston FL

City & State

Clewiston FL

4. FEI Number

33-1032370

Applied For

Not Applicable

Zip

Country

33440

Zip

Country

33440

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODBREAD, BRIDGETTE K  
1642 ALLEN RD  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name Bridgette K Goodbread  
Street Address (P.O. Box Number is Not Acceptable)  
700 Allen Road

City Clewiston FL Zip Code 33440

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

Bridgette K Goodbread  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

**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

TITLE DP ☐ Delete  
NAME GOODBREAD, BRIDGETTE K  
STREET ADDRESS 1642 ALLEN RD  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Bridgette K Goodbread  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03 863-983-3456  
863-675-8888

CR2E034 (10/02)