

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90610 001 ***150.00

DOCUMENT # P02000125288

1. Entity Name

BC REAL ESTATE, INC.



DO NOT WRITE IN THIS SPACE

60020450

2. Principal Place of Business

322 E. Central Blvd.

Suite, Apt. #, etc.

Suite #1409

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

City & State

Orlando, FL 32801

City & State

Kissimmee, FL 34744

Zip

32801

Country

USA

Zip

34744

Country

USA

4. FEI Number

06-1677734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Swart, Harry J. CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code

34744

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

Harry J. Swart, CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**D, P, S, T
Brett Campbell
322 E. Central Blvd. #1409
Orlando, FL 32801**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)