

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90264 014 ***150.00

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1. Entity Name

BESSEMER TRANSPORTATION CORP.



Principal Place of Business

1600 ROYAL PALM WAY
BOCA RATON FL 33432

Mailing Address

1600 ROYAL PALM WAY
BOCA RATON FL 33432

54036387



MOORE CR2E034 (11/03)

2. Principal Place of Business

1201 E Hillsboro Blvd

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

4. FEI Number

04-3770165

Applied For

Not Applicable

Zip

33441

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEMURGY, ALEXANDER S II
1600 ROYAL PALM WAY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

SAME AS #2

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 D ☐ Delete
NAME ROSEMURGY, ALEXANDER S II
STREET ADDRESS 1600 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME ROSEMURGY, JAMIE M
STREET ADDRESS 1600 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME ROSEMURGY, KIMBERLY A II
STREET ADDRESS 1600 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATON FL 33432

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

954-571-3404

JALW

Daytime Phone #