2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

101 CYRPESS GARDENS BLVD WINTER HAVEN FL 33880

CHEVROLET CTR. INC

P92000012108

Mailing Address

WEST PALM BEACH FL 33402

P.O. BOX 3475

1. Entity Name BISOUS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90475 027 ***150.00

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Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES					
City & State City & State						4. FEI Number 59-3158398			olied For			
City & State									Applicable			
Zip Country Zip				Count	ry	-	5. Certificate of Status Desired \$8.75 Additivent Fee Required					
	6. Name and Address of Curren	t Registered	1 Agent		· · · · · ·	7.	7. Name and Address of New Registered Agent					
Nar					Name —	me						
HENRY, THORNTON M				İ	Street Address (P.O. Box Number is Not Acceptable)							
505 S. FLA	AGLER DR.			-								
SUITE 110	0											
WEST PAL	M BEACH FL 33401				City		F	L	Zip Code	!		
		-	and abanding its	rogietore	d office or rec	ristered ac	gent, or both, in the State of Florida. I a	m fan	niliar with, a	and accept		
 The above the obligation 	named entity submits this statement to ions of registered agent.	for the purpo	ose of changing its	registere	id Office of Teg	jisterou aç	gont, or both, in the built are					
the dondar	ions of rogistored ago.m											
SIGNAŤURE .	Signature, typed or printed name of registered ager	nt and title if appl	icable. (NOTI	: Registered	Agent signature re	equired when i	reinstating) DAT	E				
·		ii dilo tita ii appi					1					
	ILE NOW!!! FEE IS \$150.00	,					9. Election Campaign Financing			0 May Be to Fees		
: Attei Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State					Trust Fund Contribution.		Audeu	10 1 003		
10.	OFFICERS AN			11.		A	DDITIONS/CHANGES TO OFFICERS A	ND C	IRECTORS	3 IN 11		
TITLE	DST		☐ Delete	TITLE				[Change	■ Addition		
NAME	HENRY, ANN P			NAM	E							
STREET ADDRESS	3028 WASHINGTON RD.				ET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL		<u> </u>	CITY	-ST-ZIP				Change	Addition		
TITLE	DP		☐ Delete	TITLE				1	∠ Change	Addition		
NAME	PORTLOCK, SAMUEL W			MAM	ET ADDRESS	GR	roaden Court SE					
STREET ADDRESS	1002 A LK ELBERT DR				-ST-ZIP	WINT	rogden Court SE ER HAVEN, FL 33	1-88	<i>?0</i>			
CITY-ST-ZIP	WINTER HAVEN FL		☐ Delete	TITL	E +			[Change	Addition		
TITLE NAME	D PORTLOCK, FRANK D			NAM	<u> </u>							
STREET ADDRESS	243 NINTH ST., S.E.,						WEST CAKE OHS DR	2 10	en			
CITY-ST-ZIP	WINTER HAVEN FL 33880			CITY	'-ST-ZIP	Wins	ER HAVEN, FL. 3.	280	<u> </u>			
TITLE	D		☐ Delete	TITL				ı	Change	☐ Addition		
NAME	MCADAMS, CLARE P			NAM		1.00	ISLAMD WAY					
	250 NINTH ST S.E.,						EL HAVEN, FL 338	75 4	,			
CITY-ST-ZIP	WINTER HAVEN FL 33880		D Dalah	TITL		WIG.	EL TIMES, 10 30 9		☐ Change	☐ Addition		
TITLE			☐ Delete	NAN	I .							
NAME STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CITY	Y-ST-ZIP							
TITLE			☐ Delete	TITL	.E.				Change	Addition		
NAME				NAM	I .							
STREET ADDRESS					EET ADDRESS Y-ST-ZIP							
CITY-ST-ZIP	<u> </u>	20 11 1 401			I	d in Section	on 119.07(3)(i), Florida Statutes. I furthe	r certi	fy that the i	information		
12 Lherehy	certify that the information supplied v	vito this tiling	g does not quality to	or me exe	emption statet	2 11 00000	- I I offeet on if made under eath: th	of Lor	n an officer	or director		

2. 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.

ORES,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 8 03

863-294737

Daytime Phone #