

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013805

1. Entity Name

BWP, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90009 001 ***150.00

Principal Place of Business

Mailing Address

101 E KENNEDY BLVD
SUITE 3925
TAMPA FL 33602
US

101 E KENNEDY BLVD
SUITE 3925
TAMPA FL 33602-5812
US

2. Principal Place of Business

3. Mailing Address

2910 W. Bay to Bay Blvd.
Suite, Apt. #, etc.
Suite 200

2910 W. Bay to Bay Blvd.
Suite, Apt. #, etc.
Suite 200

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33629

Country
USA

Zip
33629

Country
USA

4. FEI Number 59-3155701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, THOMAS N III
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNEDY, DAVID A.	
STREET ADDRESS	101 E KENNEDY BLVD #3925	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WHITING, PAUL	
STREET ADDRESS	5730 N. HOOVER	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BYRNES, DCAROL JEAN	
STREET ADDRESS	4648 WESTFORD CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, David A.	
STREET ADDRESS	2910 W. Bay to Bay Blvd., Suite 200	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whiting, Paul	
STREET ADDRESS	2910 W. Bay to Bay Blvd., Suite 200	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Date

Daytime Phone #

David A Kennedy

2/1/00

813 721 7525

CR2E034 (9/99)