

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028974

1. Entity Name
BOP CITY, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90006 007 ***150.00

Principal Place of Business
1907 E. HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address
5305 N ARMENIA AVE
TAMPA FL 33603
US

B0019844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2209 E. LAKE AVE.
Suite, Apt. #, etc.
TAMPA - FL

3. Mailing Address
Suite, Apt. #, etc.

City & State
33605

City & State

4. FEI Number 59-3240175

Applied For
Not Applicable

Zip
33605

Country
HILLSBOROUGH

Zip Country

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

O'STEEN, EUGENE
1907 E. HILLSBOROUGH AVE.
TAMPA FL 33610

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D ☐ Delete
NAME O'STEEN, EUGENE
STREET ADDRESS 5305 N ARMENIA AVE
CITY-ST-ZIP TAMPA FL 33603

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Eugene O'Steen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EUGENE O'STEEN

3/14/01
Date

Daytime Phone #

CR2E034 (10/00)