

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 31 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATE

CR2E098 (1/07)

De-OT

DOCUMENT # P93000069872			
1. Entity Name BPM, INC.			
Principal Place of Business 2320 AZALEA CT LAKELAND, FL 33815-0000 US		Mailing Address 2320 AZALEA CT LAKELAND, FL 33815-0000 US	
2. Principal Place of Business - No P.O. Box # 10946 S.W. 79TH AVE. Suite, Apt. #, etc.		3. Mailing Address 10946 S.W. 79TH AVE. Suite, Apt. #, etc.	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA	
Zip 34476		Country U.S.A.	
4. FEI Number 65-0446300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILCOX, JOHN G 2320 AZALEA CT LAKELAND, FL 33815-0000		7. Name and Address of New Registered Agent Name: John B. Wilcox Street Address (P.O. Box Number is Not Acceptable) 10946 S.W. 79TH AVE. City: Ocala FL Zip Code: 34476	
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: John B. Wilcox (Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5-25-2007			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, JOHN G 2320 AZALEA CT LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500104426355 06/15/07--01030--020 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, JOHN G 10946 79TH AVE. OCALA FLORIDA 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John B. Wilcox (Signature and typed or printed name of signing officer or director)		K. Eckel JUN 06 2007 (Date and Daytime Phone #)	