

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 28 AM 9:29

DOCUMENT # P94000001815

1. Entity Name
BCP COMPANY OF USA



Principal Place of Business
1202 PARILLA DE AVILA
TAMPA, FL 33612

Mailing Address
5907 W LINEGAUGH AVE
TAMPA, FL 33624 US



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSOKOS, CHRIS P
1202 PARILLA DE AVILA
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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04/29/08--01035--019 **911.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TSOKOS, CHRIS
STREET ADDRESS 1202 PARILLA DE AVILA
CITY-ST-ZIP TAMPA, FL 33612

TITLE STD
NAME SILVERMAN, STEPHEN
STREET ADDRESS 4518 W SWAN AVE
CITY-ST-ZIP TAMPA, FL 33609

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

B. 4/29/08

**DO NOT WRITE
IN THIS SPACE**

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: CHRIS P. TSOKOS R/A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 (813) 961-1992
Date Daytime Phone #