FILED

03 DEC -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001815

1. Entity Name
BCP COMPANY OF USA

Principal Place of Business	Mailing Address
1202 PARILLA DE AVILA TAMPA, FL 33612	5907 W LINEBAUGH AVE TAMPA, FL 33624 US

500024743495
11/17/03--01018--004 **61.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
SILVERMAN, WILLIAM 5907 W LINEBAUGH AVE TAMPA, FL 33624	Name: CHRIS P. TSOKOS Street Address (P.O. Box Number is Not Acceptable): 1202 PARRILLA de AVILA City: TAMPA FL FL Zip Code: 33613

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: [signature] President / Director 11/7/03

[illegible] Fee is $150.00 [illegible] After May 1, 2003 Fee will be $550.00 [illegible] Amended UBR is $61.25 [illegible] Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO ~~SILVERMAN, WILLIAM~~ ~~1202 PARILLA DE AVILA~~ ~~TAMPA, FL 33612~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AND DIRECTOR ☑ Change ☐ Addition CHRIS P. TSOKOS 1202 PARRILLA de AVILA, TAMPA FL 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~TSOKOS, CHRIS P~~ ~~1202 PARILLA DE AVILA~~ ~~TAMPA, FL 33612~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURE AND DIRECTOR ☑ Change ☑ Addition Stephen Silverman 4518 W. SWAN AVE. TAMPA, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: [signature] President / Director (813) 961-1992 11/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #