

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040969

1. Entity Name

BSR INVESTMENTS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90096 007 ***150.00

Principal Place of Business

Mailing Address

4547 GUNN HIGHWAY
TAMPA FL 33624

4547 GUNN HIGHWAY
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247307

Applied For

Not Applicable

Zip

Country

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

AUGUSTINE, STEVEN J D.C.
4547 GUNN HIGHWAY
TAMPA FL 33624

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, 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 PD
NAME AUGUSTINE, STEVEN J
STREET ADDRESS 4547 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME AUGUSTINE, BRIAN J
STREET ADDRESS 1505 PINNACLE ROAD
CITY-ST-ZIP BALTIMORE MD 21286

☐ Delete

TITLE D
NAME AUGUSTINE, ROBERT S
STREET ADDRESS 4929 HIGEL AVENUE
CITY-ST-ZIP SARASOTA FL 34242

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Steven J. Augustine

4-26-02

Date

813/264-7709

Daytime Phone #