

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90121 035 ***150.00

DOCUMENT # **P94000044429**

1. Entity Name

BPK ENTERPRISES, INC.

D & H Electronics of St. Augustine, Inc.

Principal Place of Business

**601 WELLS LANDING DR.
 ORANGE PARK FL 32073
 US**

Mailing Address

**601 WELLS LANDING DR.
 ORANGE PARK FL 32073
 US**

2. Principal Place of Business

2730 US 1 South

3. Mailing Address

2730 US 1 South

Suite, Apt. #, etc.

Suite 0

Suite, Apt. #, etc.

Suite 0

City & State

St. Augustine

City & State

St. Augustine

Zip

FL 32086

Country

US

Zip

FL 32086

Country

US

6. Name and Address of Current Registered Agent

**KOPHAMER, MAURICE S
 1525 CHELSEA PL
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

733 Captain's Drive

City

St. Augustine

FL

Zip Code

32080

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

Maurice S. Kophamer
 Signature, typed or printed name of registered agent and title if applicable.

Vice President
 (NOTE: Registered Agent signature required when reinstating)

4/17/01
 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOPHAMER, BRENDA P	
STREET ADDRESS	1525 CHELSEA PL	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOPHAMER, MAURICE S	
STREET ADDRESS	1525 CHELSEA PL	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kophamer, Lois L.</i>	
STREET ADDRESS	<i>733 Captain's Drive</i>	
CITY - ST - ZIP	<i>St. Augustine, FL 32080</i>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kophamer, Maurice S.</i>	
STREET ADDRESS	<i>733 Captain's Drive</i>	
CITY - ST - ZIP	<i>St. Augustine, FL 32080</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lois L. Kophamer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

904-794-0400
 Daytime Phone #

CR2E034 (10/00)