

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90046 046 ***158.75

DOCUMENT # P94000078558

1. Entity Name
BRIDGEPORT INCORPORATED

A0064405



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 8302 LAUREL FAIR CIR N 8302 LAUREL FAIR CIR N
 SUITE 130 SUITE 130
 TAMPA FL 33610 TAMPA FL 33637-6744
 US

2. Principal Place of Business 3. Mailing Address
7840 Professional Place **7840 Professional Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **TAMPA, FL**
 Zip Country Zip Country
33637 **USA** **33637** **USA**

4. FEI Number Applied For
65-0534687 ☐ Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
☒ **5**

6. Name and Address of Current Registered Agent
MARTIN, ROBERT J
8302 LAUREL FAIR CIR N
SUITE 130
TAMPA FL 33610

7. Name and Address of New Registered Agent
 Name: **Robert J. Martin**
 Street Address (P.O. Box Number is Not Acceptable)
7840 PROFESSIONAL PLACE
 City: **TAMPA** FL Zip Code: **33637**

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: DATE: **5/1/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PS	<input type="checkbox"/> Delete	TITLE	P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT J		NAME	Robert J. Martin	
STREET ADDRESS	8302 LAUREL FAIR CIR N, #130		STREET ADDRESS	7840 Professional Place	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa, FL 33637	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROGER		NAME		
STREET ADDRESS	8302 LAUREL FAIR CIR N, #130		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, ROBERT		NAME		
STREET ADDRESS	8302 LAUREL FAIR CIR N, #130		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 supplement 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: Date: **5/1/2000** Daytime Phone #: **(813) 844-1422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)