04/30/2001 12:00 FAX 8132512172 B&R, CPA's

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90277 031 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078558

1. Entity Name

BRIDGEPORT, INC.

Principal Place of Business	Mailing Address
7840 PROFESSIONAL PLACE TAMPA, FL 33637	7840 PROFESSIONAL PLACE TAMPA, FL 33637

768420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3825 HENDERSON BLVD		3825 HENDERSON BLVD	
Suite, Apt. #, etc.: SUITE 207		Suite, Apt. #, etc.: SUITE 207	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33629	Country: USA	Zip: 33629	Country: USA

4. FEI Number: 65-0534687 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROBERT J
7840 PROFESSIONAL PLACE
TAMPA, FL 33637

7. Name and Address of New Registered Agent

Name: ROBERT J MARTIN
Street Address (P.O. Box Number is Not Acceptable): 3825 HENDERSON BLVD
SUITE 207
City: TAMPA FL Zip Code: 33629

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 ______________ 04.30.01
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)

[redacted]

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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ROBERT J 7840 PROFESSIONAL PLACE TAMPA, FL 33637	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT J MARTIN 3825 HENDERSON BLVD, SUITE 207 TAMPA, FL 33629	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: ______________ 04.30.01 (813)899.1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #