

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093286

1. Entity Name

BULL MARKET INVESTMENT CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90067 010 ***150.00

Principal Place of Business

1255 RED OAK LANE
PORT CHARLOTTE FL 33948

Mailing Address

1255 RED OAK LANE
PORT CHARLOTTE FL 33948-2193

2. Principal Place of Business

3. Mailing Address

1255 RED OAK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- 0 -

City & State

PORT CHARLOTTE, FL

Zip

Country

Zip

Country

33948 2193

CHARLOTTE

4. FEI Number 65-0541518

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

BARUFALDI, JAMES R
4000 BAL HARBOR BLVD.
#216
PUNTA GORDA FL 33950

Name

JAMES R. BARUFALDI

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

1255 RED OAK LANE

City

PORT CHARLOTTE

FL

Zip Code

33948-2193

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 JAMES R. BARUFALDI James R. Barufaldi, President 1-5-00

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
BARUFALDI, JAMES R
1255 RED OAK LANE
PORT CHARLOTTE FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 JAMES R. BARUFALDI James R. Barufaldi, President 1-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)