

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90081 027 ***150.00

0372987 AV

DOCUMENT # P95000064320

1. Entity Name
BC INDUSTRIES, INC.

Principal Place of Business

**2345 NE 4TH AVE
 BOCA RATON 33 33431
 US**

Mailing Address

**2345 NE 4TH AVE
 BOCA RATON 33 33431
 US**



2. Principal Place of Business

2345 NE 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

2345 NE 4th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

Zip

33431

Country

USA

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. FEI Number

65-0616522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORMAN, BRUCE A
 52345 NE 4TH AVE
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	MOORMAN, CHRISTINE M	
STREET ADDRESS	2345 NE 4TH AVE	
CITY-ST-ZIP	BOCA RATON 33 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOUTHARDS, GEORGE JR	
STREET ADDRESS	470 NE 37TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	C	<input type="checkbox"/> Delete
NAME	HURON, SCOTT	
STREET ADDRESS	461 NW 14TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORMAN, BRUCE	
STREET ADDRESS	2345 NE 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		<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 life empowered.

SIGNATURE: x

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

561-391-5147

Daytime Phone #

CR2E034 (9/01)