

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90070 012 \*\*\*150.00

DOCUMENT # **PA5000073321**

1. Entity Name

**BP World Wide Shoe Sales Corp.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2821 Center Port Circle**  
Suite, Apt. #, etc.

3. Mailing Address

**2821 Center Port Circle**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

4. FEI Number

**65-0610235**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Bruce Pontner**

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

**2821 Center Port Circle**

City

**Pompano Beach**

FL

Zip Code

**33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Bruce Pontner**

**1/13/03**

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Pontner, Bruce  
2821 Center Port Circle  
Pompano Beach, FL 33064**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

**Bruce Pontner**

**1-13-03**

**954782-3244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)