2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-03-2002 90012 048 ***150.00

DOCUMENT # P95000091475

1. Entity Name
BC & ME, INC.

Principal Place of Business	Mailing Address
10022 NW 46 ST	PO BOX 50328
SUNRISE FL 33351	LIGHTHOUSE POINT FL 33074

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10873 NW 52 ST	PO BOX 26802
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: TAMARAC FL 33320
Zip: 33351 Country: USA	Zip: 33320 Country: USA

4. FEI Number 65-0621257 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANNON, ROBERT G
10873 NW 52 ST. SUITE 1
SUNRISE, FLORIDA 33351

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CANNON, ROBERT G	NAME	CANNON ROBERT
STREET ADDRESS	2420 NE 48 COURT	STREET ADDRESS	207 SPRINGVIEW COURT
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CANNOIN, MARIE E	NAME	CANNON, MARIE E
STREET ADDRESS	2420 NE 48 COURT	STREET ADDRESS	207 SPRINGVIEW CT
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: [signature] ROBERT CANNON 3/29/02 954749-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #