

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095772

1. Entity Name

BFR FINANCIAL SERVICES CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 045 ***150.00

Principal Place of Business

Mailing Address

100 SECOND AVE S
SUITE 200
ST. PETERSBURG FL 33701

260 CENTRAL AVE.
SUITE 1340
ST. PETERSBURG FL 33701-9838

2. Principal Place of Business

720 BRIGHTWATERS BLVD N.E

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL 33704

City & State

SAME

Zip

33704

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

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

FISHER, BEN E

720 BRIGHTWATERS BLVD.
ST. PETERSBURG FL 33704

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)

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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.

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\$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

CD
FISHER, BEN E
1250 BRIGHTWATERS BLVD.
ST. PETERSBURG FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
ROBERTS, GERALD S
803-B S. OREGON AVE.
TAMPA FL 33606

☒ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

STD
MCFALL, FRED
11150-131ST ST. NO.
ST. PETERSBURG FL 33774

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

827.820.0214

CR2E034 (9/99)