

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90037 044 ***150.00

0358130

DOCUMENT # P95000095772

1. Entity Name

BFR FINANCIAL SERVICES CORPORATION

Principal Place of Business

**720 BRIGHTWATERS BLVD. N.E.
 SAINT PETERSBURG FL 33704**

Mailing Address

**720 BRIGHTWATERS BLVD. N.E.
 SAINT PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **CD**
 STREET ADDRESS **FISHER, BEN E**
 CITY-ST-ZIP **1900 BRIGHTWATERS BLVD.
 ST. PETERSBURG FL 33704**

TITLE ☒ Change ☐ Addition
 NAME **720 BRIGHTWATERS BLVD NE**
 STREET ADDRESS **ST. PETERSBURG, FL 33704**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROBERTS, GERALD S**
 CITY-ST-ZIP **803-B S. OREGON AVE.
 TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **GEOFFREY WINTAKER**
 CITY-ST-ZIP **1158 FIFTH AVE
 NEW YORK, N.Y. 10029**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **MCFALL, FRED**
 CITY-ST-ZIP **11150 131ST ST. NO.
 ST. PETERSBURG FL 33774**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

BEN E. FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 727-870-0214

CR2E034 (10/00)