

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90099 035 \*\*\*150.00

**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

Zip

Country

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  
 1250 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, 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 ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **FISHER, BEN E**  
 CITY-ST-ZIP **720 BRIGHTWATERS BLVD.**  
**ST. PETERSBURG FL 33704**

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

TITLE ☒ Delete  
 NAME **PD**  
 STREET ADDRESS **ROBERTS, GERALD S**  
 CITY-ST-ZIP **1158 FIFTH AVE**  
**NEW YORK NY 10029**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **GEOFFREY WHITAKER**  
 CITY-ST-ZIP **1158 5TH AVENUE**  
**NYC, 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 ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)