


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 032 ***150.00

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DOCUMENT # P96000011504	
1. Entity Name BDN CONSTRUCTION COMPANY	

Principal Place of Business 4555 SOUTH STREET TITUSVILLE FL 32780	Mailing Address 4555 SOUTH STREET TITUSVILLE FL 32780
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2. Principal Place of Business 4175 Fox Lake Rd.	3. Mailing Address P.O. Box 6214
Suite, Apt. #, etc.	Suite, Apt. #, etc.

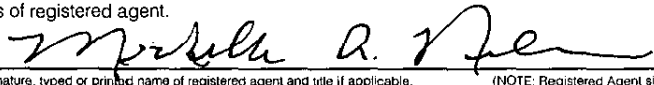
City & State Titusville FL.	City & State Titusville FL.
Zip 32796	Country USA
Zip 32782	Country USA

4. FEI Number 59-3379109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	
NELSEN, MICHELLE 4175 FOX LAKE RD TITUSVILLE FL 32796	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Pres. 4/25/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> Delete
NAME NELSEN, MICHELLE	
STREET ADDRESS 4175 FOX LAKE RD	
CITY-ST-ZIP TITUSVILLE FL 32796	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME HEACOCK, STEVEN	
STREET ADDRESS 4555 SOUTH STREET	
CITY-ST-ZIP TITUSVILLE FL	
TITLE S	<input type="checkbox"/> Delete
NAME GRIFFIN, BEVERLY	
STREET ADDRESS 6241 GAYLE DR	
CITY-ST-ZIP COCOA FL 32927	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	Pres. 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)