

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 014 ***550.00

0140698 AT

DOCUMENT # P97000037334

1. Entity Name
BFF & P CORPORATION



Principal Place of Business

~~1460 S. MCGALL RD.~~

~~4F~~

ENGLEWOOD FL 34223

Mailing Address

~~P.O. BOX 1924~~

P.O. BOX 1924

ENGLEWOOD FL 34295-1924

US

2. Principal Place of Business

761 ORCHARD LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

City & State

Zip

34223

Country

USA

Zip

Zip

Country

Country

4. FEI Number

65-0749185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SCHRODER, ROBERT E

533 PAUL MORRIS DR.

ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

761 ORCHARD LN

City

ENGLEWOOD

FL

Zip Code

34223

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

R. Schroder

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC SCHRODER, ROBERT E 533 PAUL MORRIS DR ENGLEWOOD FL 34295-1924 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

R. Schroder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-03

Date

Daytime Phone #

CR2E034 (4/03)