

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000046639**

1. Entity Name
BPL MAITLAND CONCOURSE, INC.



Principal Place of Business
250 PARK AVE SO.
STE 630
WINTER PARK FL 32789

Mailing Address
250 PARK AVE SO.
STE 630
WINTER PARK FL 32789
US

2. Principal Place of Business
250 South Park Avenue

3. Mailing Address
P. O. Box 3010

Suite, Apt. #, etc.

Suite 630

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32790-3010

Country

US

**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91879 015 ***150.00

5621600
AV



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3450321** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BATTAGLIA, W. P.
250 PARK AVE SO.
STE 630
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
250 South Park Avenue

Suite 630

City
Winter Park

FL Zip Code
32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BATTAGLIA, R. E. 250 PARK AVE SO. STE.,#630 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 3010 Winter Park, FL 32790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BATTAGLIA, W. P. 250 PARK AVE SO. STE.,#630 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 3010 Winter Park, FL 32790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.

CR2E034 (10/02)

SIGNATURE: (SIGNATURE REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 401-622-1700

Date

Daytime Phone #