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01/22/02 56/334 7700 Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** P97000065528 1. Entity Name BSF, INC. OF MARTIN COUNTY 04-29-2002 90049 048 \*\*\*150 SCHOOLSEL LEREN-Principal Place of Business Mailing Address 135 NE ELM TERR. 618 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0801590 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TWOHEY, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 312 DENVER AVE. STUART FL 34994 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) A 18 25. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be क्युरिक्र filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ... Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Delete TITLE SCHROEDER, ULRICH NAME NAME STREET ADDRESS 618 NE JENSEN BCH BLVD STREET ADDRESS CHY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP ∴ CD Delete TITLE TITLE ☐ Change ☐ Addition NAME **BONNER. GUENTHER** NAME STREET ADDRESS 618 NE JENSEN BCH BLVD STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 a s, with all other like empowered.

WERICH SCHRODER

SIGNATURE: