

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099810

1. Entity Name

BRIDGETON SQUARE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90011 012 ***150.00

0002150

Principal Place of Business

ONE SOUTH OCEAN BLVD
STE 318
BOCA RATON FL 33432
US

Mailing Address

ONE SOUTH OCEAN BLVD
STE 318
BOCA RATON FL 33432
US

604041

2. Principal Place of Business

3. Mailing Address

One South Ocean Blvd
Suite 312

One South Ocean Blvd
Suite 312

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33432

USA

33432

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0808001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD NW
SUITE 401
BOCA RATON FL 33431

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PETRUZZELLI, DAVID M
ONE SOUTH OCEAN BLVD, SUITE 318
BOCA RATON FL 33432 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 (10/00)