## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000027450 BCA ENTERPRISES, INC. 04-26-2001 90068 004 \*\*\*150.00 Principal Place of Business Mailing Address 7075 MIDDLEBURY DRIVE 7075 MIDDLEBURY DRIVE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 2. Principal Piace 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 65-0827121 Not Applicable Ζiρ Country 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 Name MULLIN, JAMES G Street Address (P.O. Box Number is Not Acceptable) 2263 N.W. BOCA RATON BLVD. #205 **BOCA RATON FL 33431** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change TITLE ☐ Delete TITLE LANCIERI, WILLIAM J NAME NAME 7075 MIDDLEBURY DR STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-7/P CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cary - ST- ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY - ST - Z<sup>®</sup>P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [ ] Addition ☐ Deiete TITLE TITLE NAM≅ NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST- 7:P CITY-ST-ZIP Addition Chance ☐ Delete TITLE TITLE NAME

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 Biock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR