

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91071 048 ***150.00

DOCUMENT # P98000047527

1. Entity Name
BISHOP ENGINEERING COMPANY



Principal Place of Business
**515 N PARK AVE
STE 214
WINTER PARK FL 32789
US**

Mailing Address
**515 N PARK AVE
STE 214
WINTER PARK FL 32789
US**



2. Principal Place of Business
444 W. NEW ENGLAND AVE

3. Mailing Address
444 W. NEW ENGLAND AVE

Suite, Apt. #, etc.
STE B

Suite, Apt. #, etc.
STE B

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number **59-3518474**

Applied For
Not Applicable

Zip
32789

Country
U.S.A.

Zip
32789

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, BRADFORD T
515 N PARK AVE
STE 214
WINTER PARK FL 32789**

Name

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

444 N. NEW ENGLAND AVE, STE B

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 **D** ☐ Delete
NAME **BISHOP, BRADFORD T.**
STREET ADDRESS **515 N PARK AVE STE 214**
CITY-ST-ZIP **WINTER PARK FL 32789**

☒ Change ☐ Addition
TITLE
NAME **444 N. NEW ENGLAND AVE STE B**
STREET ADDRESS
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

407-622-2472

Daytime Phone #

CR2E034 (10/02)