

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 034 ***150.00

DOCUMENT # P99000061816

1. Entry Name

bpc production

Principal Place of Business

Mailing Address

251 Westcliff Dr.
 Ocoee, FL

P.O. Box 1159
 Windermere
 FL 34786

659516

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59 3518832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRENSHAW, BRENDA

251 Westcliff Dr.
 Ocoee, FL 34761

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 of Agent or Principal (Name of registered agent and filed 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 instructions 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 (11)

TITLE	D	☐ Delete
NAME	CRENSHAW, BRENDA	
STREET ADDRESS	251 Westcliff Dr.	
CITY-STATE-ZIP	Ocoee, FL 34761	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, in address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Filed

CR2E034 (10/00)