

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90176 047 ***150.00

DOCUMENT # P98000061384

1. Entity Name

DARRELL L. BISHOP, INC.



Principal Place of Business

**2184 HIDDEN WATERS DR. W
GREEN COVE SPRINGS FL 32043**

Mailing Address

**2184 HIDDEN WATERS DR. W
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

2180 HIDDEN WATERS DR W

3. Mailing Address

2180 HIDDEN WATERS DR W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS FL

City & State

GREEN COVE SPRINGS FL

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

4. FEI Number

59-3531711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, DARRELL L

2184 HIDDEN WATERS DR. W

GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **DARRELL L BISHOP INC**

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

2180 HIDDEN WATERS DR W

GREEN COVE SPRINGS

City

FL

Zip Code

32043

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

22403

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

TITLE **D** ☐ Delete
NAME **BISHOP, DARRELL L**
STREET ADDRESS **2184 HIDDEN WATERS DR. W**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **DARRELL L BISHOP**
STREET ADDRESS **2180 HIDDEN WATERS DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

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

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TITLE ☐ Change ☐ Addition
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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22403 904 838 2212

CR2E034 (10/02)