

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065064

1. Entity Name

B.D.A.P.A. ENTERPRISES INC.

Principal Place of Business

Mailing Address

645 TOMOKA DRIVE
PALM HARBOR FL 34684

645 TOMOKA DRIVE
PALM HARBOR FL 34683-5856

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90228 009 ***150.00

702494

2. Principal Place of Business

3. Mailing Address

5560 Roosevelt Blvd
Suite, Apt. #, etc.
3

5560 Roosevelt Blvd
Suite, Apt. #, etc.
3

City & State

City & State

Clermont FL

Clermont, FL

Zip
33760

Country
USA

Zip
33760

Country
USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3521726

Applied For

Not Applicable

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

ARMSTRONG, BRENT
645 TOMOKA DRIVE
PALM HARBOR FL 34683

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

18. 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
ARMSTRONG, BRENT D
645 TOMOKA DRIVE
PALM HARBOR FL 34683

☐ Delete

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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 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 #

1/19/00

721-524-3755