

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075082

1. Entity Name

B C CHOPPERS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90070 032 ***150.00

Principal Place of Business

1974 SW BILTMORE ST
 #207
 PORT SAINT LUCIE FL 34984

Mailing Address

1974 SW BILTMORE ST
 #207
 PORT SAINT LUCIE FL 34984-3427

2. Principal Place of Business

1805 S.W. South Macarob Blvd
 Suite, Apt., #, etc.

3. Mailing Address

1805 S.W. South Macarob Blvd
 Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0854540

Applied For

Not Applicable

Zip

34984

Country

St. Lucie

Zip

34984

Country

St. Lucie

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

HERSEY, CHARLES
 1525 SW DYCUS AVE
 PORT ST LUCIE FL 34953

Name

Francis R Hersey

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

283 S.W. Moselle Ave

City

Port St Lucie

FL

Zip Code

34984

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]

Francis R. Hersey Pres 4-7-00

(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

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERSEY, CHARLES	
STREET ADDRESS	1525 SW DYCUS AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERSEY, FRANK	
STREET ADDRESS	283 SW MOSELLE AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis R. Hersey	
STREET ADDRESS	283 S.W. Moselle Ave	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Trahan	
STREET ADDRESS	4649 Dactyl St.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis R Hersey Pres 561-344-0305
 Date Daytime Phone #

CR2E034 (9/99)