## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P98000082484** 1. Entity Name BIDGE MANOR EXPRESS CORP. 04-06-2000 90026 001 \*\*\*158.75 Principal Place of Business Mailing Address 10261 WEST BROWARD BLVD 10261 WEST BROWARD BLVD PLANTATION FL 33324-2114 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State City & State 4. FEI Number Applied For 65-0869120 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COSTELLO, JAMES J JR Street Address (P.O. Box Number is Not Acceptable) 10261 WEST BROWARD BLVD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP D Addition ☐ Delete TITLE COSTELLO, JAMES J JR Costallo James NAME NAME 10261 W. BROWARD Blud. 10261 WEST BROWARD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33324** DV Addition ☐ De ete TITLE TITLE Cook NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME 801 NW GTX CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE JEREL NAME NAME GROVES MERE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.