

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90054 021 ***150.00

DOCUMENT # P99000005320

1. Entity Name
B.P. HOLDINGS OF PALM COAST, INC.

Principal Place of Business 156 BAYSIDE DRIVE PALM COAST FL 32137	Mailing Address 156 BAYSIDE DRIVE PALM COAST FL 32137
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2. Principal Place of Business 14 UTILITY DRIVE	3. Mailing Address 5724 N. OCEANSHORE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PALM COAST, FL



DO NOT WRITE IN THIS SPACE

City & State PALM COAST, FL	City & State	4. FEI Number 59-3559344	Applied For <input type="checkbox"/>
Zip 32137	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent B. PAUL KATZ, ESQUIRE ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST FL 32137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE TREUE, PAUL F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TREUE, PAUL E		NAME TREUE, PAUL F.	
STREET ADDRESS 156 BAYSIDE DRIVE		STREET ADDRESS 5724 N. OCEANSHORE BLVD	
CITY-ST-ZIP PALM COAST FL 32137		CITY-ST-ZIP PALM COAST, FL 32137	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE 5724 N. OCEANSHORE BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TREUE, BEVERLY A		NAME 5724 N. OCEANSHORE BLVD	
STREET ADDRESS 156 BAYSIDE DRIVE		STREET ADDRESS PALM COAST, FL 32137	
CITY-ST-ZIP PALM COAST FL 32137		CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Beverly Treue **BEVERLY TREUE** 4/16/01 904-445-6472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)