

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P99000007180

1. Entity Name

BNP ENTERPRISES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90126 030 \*\*\*150.00

Principal Place of Business

247 N. COLLIER BLVD., SUITE 202  
MARCO ISLAND FL 34145

Mailing Address

247 N. COLLIER BLVD., SUITE 202  
MARCO ISLAND FL 34145-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3571644

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARMODY, FREDERICK A  
 247 N. COLLIER BLVD., SUITE 202  
 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

WILLIAM G. MORRIS

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

247 N. COLLIER BLVD

SUITE 202

City

MARCO ISLAND

FL

Zip Code

34145

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 fee, 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**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
 NAME ~~SLAWIK, MEL~~  
 STREET ADDRESS ~~571 S. COLLIER BLVD.~~  
 CITY-ST-ZIP ~~MARCO ISLAND FL 34145~~

TITLE ☐ Delete  
 NAME MORRIS, WILLIAM G  
 STREET ADDRESS 247 N. COLLIER BLVD., #202  
 CITY-ST-ZIP MARCO ISLAND FL 34145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)