

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90149 030 \*\*\*150.00

**DOCUMENT #** P 99000011426

1. Entity Name

BPI Development, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

2020 Watkins Ave  
Suite, Apt. #, etc.

2020 Watkins Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Panama City, FL 32407

City & State  
Panama City, FL 32407

4. FEI Number  
59-3554909

Applied For  
Not Applicable

Zip Country  
32407 Bay

Zip Country  
32407 Bay

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Bishop, Joseph D.  
Street Address (P.O. Box Number is Not Acceptable)  
2020 Watkins Ave.

City Panama City FL Zip Code 32407

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P. T.  
Bishop, Joseph D.  
5621 Gulf Drive  
Panama City Bch., FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, S  
Phillips, Ron  
P. O. Box 18005  
Panama City Bch., FL 32417

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH D. BISHOP

04.17.02

Date

850 236-7000

Daytime Phone #

CR2E034B (12/01)