

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90124 029 ***158.75

DOCUMENT # P99000025980

1. Entity Name
B.M.P. & ASSOCIATES, INC.

Principal Place of Business 4051 MADISON STREET STE 4 NEW PORT RICHEY FL 34652	Mailing Address 4051 MADISON STREET STE 4 NEW PORT RICHEY FL 34655-4028
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7132 LITTLE ROAD	3. Mailing Address 2164 GROUND SQUIRREL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY FL	City & State NEW PORT RICHEY FL	4. FEI Number 59-356-3811	Applied For <input type="checkbox"/> Not Applicable
Zip 34654	Country USA	Zip 34655	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POLOWNIAK, JOHN R 4051 MADISON STREET STE 4 NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name JOHN R POLOWNIAK Street Address (P.O. Box Number is Not Acceptable) 2164 GROUND SQUIRREL City NEW PORT RICHEY FL Zip Code 34655
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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: *John R Polowniak* **JOHN R. POLOWNIAK PRESIDENT** DATE: **1/19/00**

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLOWNIAK, JOHN R 4051 MADISON STREET STE 4 NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY JOHN R. POLOWNIAK 2164 GROUND SQUIRREL DR NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLOWNIAK, BRIDGET M 4051 MADISON STREET STE 4 NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRIDGET M POLOWNIAK 2164 GROUND SQUIRREL DR NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R Polowniak* **JOHN R. POLOWNIAK** DATE: **1/19/00** Daytime Phone #: **(727) 843-8680**

Signature and typed or printed name of signing officer or director

CR2E034 (9/99)