

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

2. Principal Place of Business

7132 LITTLE ROAD

3. Mailing Address

2164 GROUND SQUIRREL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

~~NEW PORT RICHEY FL~~

City & State

~~NEW PORT RICHEY FL~~

4. FEI Number

~~59-356-3811~~

Applied For

- Not Applicable

Zip

34654

Country

USA

Zip

34655

Country

USA

5. Certificate of Status Desired

\$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**

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**

1/19/00

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)

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	PD	<input type="checkbox"/> Delete
NAME	POLOWNIAK, JOHN R	
STREET ADDRESS	4051 MADISON STREET STE 4	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POLOWNIAK, BRIDGET M	
STREET ADDRESS	4051 MADISON STREET STE 4	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. POLOWNIAK	
STREET ADDRESS	2164 GROUND SQUIRREL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGET M POLOWNIAK	
STREET ADDRESS	2164 GROUND SQUIRREL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John R Polowniak **JOHN R. POLOWNIAK**

1/19/00 (727) 843-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)