

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91587 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99 0000 27534
Entity Name
B.C.D.L. ENTERPRISES, INC.

Principal Place of Business
1949 34th ST. S.
ST. PETERSBURG, FL 33711
Mailing Address
6421 66th ST. N.
Pinellas Park, FL 33781

A0070362

Principal Place of Business		1. Mailing Address	
2. Office, Apt. #, etc.		2. Office, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent		4. FEI Number 59-3567801	
5. Name and Address of New Registered Agent		Applied For Not Applicable	
6. Certificate of Status Desired		8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent PEARSON, DOUGLAS K 4949 34th ST. S. ST. PETERSBURG, FL 33711		6. 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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The above named entity certifies this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE
Signature (print or printed name of registered agent and title of applicant)
SWORN: Registered Agent signature required when retaining
DATE

This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back)
19. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
1. NAME 2. STREET ADDRESS 3. CITY-STATE-ZIP	1. NAME 2. STREET ADDRESS 3. CITY-STATE-ZIP	1. NAME 2. STREET ADDRESS 3. CITY-STATE-ZIP	1. NAME 2. STREET ADDRESS 3. CITY-STATE-ZIP
4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP	4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP	4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP	4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP
7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP	7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP	7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP	7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP
10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP	10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP	10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP	10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(X), 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 prepare 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 affidavit, with all other filers.

SIGNATURE: Douglas K Pearson PRES 4-30-01