

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033124

1. Entity Name
BRIDGEPORT DEVELOPMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 AM 8:00

Principal Place of Business
3825 HENDERSON BLVD
STE 207
TAMPA, FL 33629

Mailing Address
3825 HENDERSON BLVD
STE 207
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3568778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ROBERT J
3825 HENDERSON BLVD
STE 207
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SINCLAIR-MARTIN, MICHELE L
STREET ADDRESS 3825 HENDERSON BLVD STE 207
CITY-ST-ZIP TAMPA, FL 33629

TITLE V ☐ Delete
NAME MAST, BRADFORD H
STREET ADDRESS 3825 HENDERSON BLVD #207
CITY-ST-ZIP TAMPA, FL 33629

TITLE PS ☐ Delete
NAME MARTIN, ROBERT J
STREET ADDRESS 3825 HENDERSON BLVD., SUITE 207
CITY-ST-ZIP TAMPA, FL 33629

TITLE T ☐ Delete
NAME SULLIVAN, KATHERINE M
STREET ADDRESS 3825 HENDERSON BLVD., SUITE 207
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000023179070
09/18/03--01088--008 **61.25

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

ROBERT J. MARTIN 9.12.03 813.899.1422

Date

Daytime Phone #

CR2E034 (10/02)