

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034829

1. Entity Name

BISH LAMINATION SERVICES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 042 ***550.00

Principal Place of Business

805 MARINE RD
TITUSVILLE FL 32796

Mailing Address

805 MARINE RD
TITUSVILLE FL 32796

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 3641628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMMON, NANNETTE
1555 PALM BEACH LAKES BLVD, SUITE 1100
WEST PALM BEACH FL 33401

Name

Philip M. Bish

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

805 Marine rd

City

Titusville

FL

Zip Code

32796

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
BISH, PHILLIP
805 MARINE RD
TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
dk

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BISH, CLIVE
805 MARINE RD
TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
dk

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2000 321 385 2809

Date

Daytime Phone #