

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90182 012 ***150.00

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DOCUMENT # P99000034829

1. Entity Name
BISH LAMINATION SERVICES, INC.



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 **59-3641624**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

59-3641624

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISH, PHILIP M
~~**805 MARINE RD**~~
~~**TITUSVILLE FL 32796**~~

3721 S.W. 47 AVE
Suite 306
DAVIE, FL. 33314

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 reinstating)

DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BISH, PHILLIP**
STREET ADDRESS ~~**805 MARINE RD**~~ **3721 SW 47 AVE**
CITY-ST-ZIP ~~**TITUSVILLE FL 32796**~~ **Suite 306**
DAVIE, FL. 33314

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

TITLE **D** ☐ Delete
NAME **BISH, CLIVE**
STREET ADDRESS ~~**805 MARINE RD**~~ **3721 SW 47 AVE**
CITY-ST-ZIP ~~**TITUSVILLE FL 32796**~~ **Suite 306**
DAVIE, FL. 33314

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: **CARBONATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

904 SM 2572
Daytime Phone #

CR2E034 (10/02)