FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000045338 1. Entity Name BISHOP CAPITAL MANAGEMENT, INC. 04-02-2001 90094 035 \*\*\*150.00 Mailing Address Principal Place of Business 239 SOUTH COUNTY RD., STE. 300 239 SOUTH COUNTY RD., STE. 300 PALM BEACH FL 33480 PALM BEACH FL 33480 00030267 2. Principal Place of Business 3. Mailing Address Suite, Apt...#, etc:---Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0957494 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FICK, RONALD L Street Address (P.O. Box Number is Not Acceptable) 239 SOUTH COUNTY RD., STE. 300 PALM BEACH FL 33480 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisf y its'Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund ( Added to Fees (See criteria on back) Make Check Payable to Department of State FFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete TITLE BISHOP, WILLIAM S NAME STREET ADDRESS 48880 EISSENHOWER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LA QUINTA CA 92253 TITLE Change ☐ Addition TITLE BISHOP, BRUCE A NAME NAME 11301DAHOJAVENUĖ STREET ADDRESS STREET ADDRESS SANTA-MONICA-CA-904037 CITY-ST-719 CITY-ST-ZIP TITLE TITLE NAME WENTWORTH, ELIZABETH B NAME STREET ADDRESS STREET ADDRESS 1660 NORTHSHORE DRIVE CITY-ST-ZIP WALLON LAKE MI 49796 CITY-ST-ZIP Delete ☐ Addition FICK, RONALD L NAME NAME 239 SOUTH COUNTY RD, STE. 300 STREET ADDRESS STREET ADDRESS CITY - ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 offier like empowered.

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