

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90094 018 \*\*\*150.00

**DOCUMENT # P99000072627**

1. Entity Name

**BCNR. INC.**

Principal Place of Business

**1921 DAVIS BOULEVARD  
NAPLES FL 34104**

Mailing Address

**1921 DAVIS BOULEVARD  
NAPLES FL 34104**

UUU7736U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**P. O. BOX 10024**

Suite, Apt. #, etc.

**City & State  
Naples, FL****Zip  
34101****Country  
USA**4. FEI Number **65-0940546**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **W.C. Erickson**Street Address (P.O. Box Number is Not Acceptable)  
**1250 Tamiami Trail N. #302**City **Naples****FL**Zip Code  
**34102**

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

**William C. Erickson Accountant 8/4/00**

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) ☐**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

TITLE **PTD** ☐ Delete  
NAME **MOSCHELLO, LISA**  
STREET ADDRESS **1921 DAVIS BOULEVARD**  
CITY-ST-ZIP **NAPLES FL 34104**TITLE **S** ☐ Delete  
NAME **MOSCHELLO, BRIAN**  
STREET ADDRESS **1921 DAVIS BOULEVARD**  
CITY-ST-ZIP **NAPLES FL 34104**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**Brian Moschello,****8/4/00****941 263-2810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

ATTACHMENT  
#P9900 0072627  
0072627

**WILLIAM C. ERICKSON**  
ACCOUNTANT

August 4, 2000

Division of Corporations  
P. O. BOX 6327  
Tallahassee, FL 32314

1250 TAMiami TRAIL NORTH # 302  
NAPLES, FLORIDA 34102  
TEL (941) 263-2810  
FAX (941) 263-2863  
bizmac@naples.net

RE: BCNR, Inc.  
DOC # P99000072627

We are writing with regard to the corporation listed above and the year 2000 Uniform Business Report, formally known as the Profit Corporation Annual Report.

We are the accounting firm for Lisa & Brian Moschello, the new owners of BCNR, Inc. This is a new client for us and this is a new business for them.

Mr. Moschello brought in the UBR form this week. He was unaware of this annual requirement. In addition, this is the only form received by the Moschello's.

We are writing on their behalf to try and explain their situation and request your consideration in this matter. We have completed the form and changed the mailing address to our PO Box so that all future Department of State mailings would always be received.

We have included a check in the amount of the normal annual fee of \$150 in hopes that the above information and explanation will allow for a waiver of the penalty.

Please contact our office directly if any additional data is required and thank-you for your time and consideration with this matter.

Sincerely,

  
William C. Erickson, Accountant

WCE/vt

Cc: B. Moschello

Enc. UBR 2000

CK \$150.