

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

02-24-2003 90186 045 ***150.00

DOCUMENT # P99000072627

1. Entity Name
BCNR, INC.



Principal Place of Business
**1921 DAVIS BOULEVARD
NAPLES FL 34104**

Mailing Address
**PO BOX 8267
NAPLES FL 34101**



2. Principal Place of Business

3. Mailing Address

1921 DAVIS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

Country

34104

Country

US

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**ERICKSON, WC
1250 TAMiami TRAIL N #302
NAPLES FL 34102**

Name **LISA MOSCHELLO**

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

1921 DAVIS BLVD.

City **NAPLES**

FL

Zip Code **34104**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

**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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Lisa Moschello* **Lisa Moschello** **2/19/03** **(239) 775-7795**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)