

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089384

1. Entity Name
BWC L.P. COMPANY

Principal Place of Business
26133 U.S. HWY 19 NORTH, STE. 100
CLEARWATER FL 33763

Mailing Address
26133 U.S. HWY 19 NORTH, STE. 100
CLEARWATER FL 33763

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. City & State
Zip

City & State
Zip

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90043 043 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602363	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

STEPHENSON, RONALD L
200 CENTRAL AVE, STE. 2300
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Bruce W. Clark

Street Address (P.O. Box Number is Not Acceptable)
26133 U.S. Hwy. 19 North, Suite 1100

City
Clearwater FL Zip Code
33763-2019

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 **Bruce W. Clark** 3/4/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CLARK, BRUCE W
26133 U.S. HWY 19 NORTH, STE. 100
CLEARWATER FL 33763**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Change Addition

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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce W. Clark, Dir.

Date

3/4/2002

Daytime Phone #

CR2E034 (9/01)