

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2002 90043 043 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602363

Applied For

Not Applicable

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)

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 \$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.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
CLARK, BRUCE W
STREET ADDRESS
26133 U.S. HWY 19 NORTH, STE. 100
CITY-ST-ZIP
CLEARWATER FL 33763

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce W. Clark, Dir.

3/4/2002

Date

Daytime Phone #

CR2E034 (9/01)