

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111045

1. Entity Name

BRIDGEVIEW TRANSPORTATION CORPORATION

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90090 012 \*\*\*158.75

Principal Place of Business

3056 SUTTON WOODS DRIVE  
 PLANT CITY FL 33567

Mailing Address

3056 SUTTON WOODS DRIVE  
 PLANT CITY FL 33567

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

54-3629761

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BLOK-ANDERSEN, KIM  
 3056 SUTTON WOODS DRIVE  
 PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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 D/P ☐ Delete  
 NAME KIM BLOK-ANDERSEN  
 STREET ADDRESS 3056 SUTTON WOODS DRIVE  
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE D/P ☐ Delete  
 NAME JERRY BARKER  
 STREET ADDRESS 1783 JOYBROOK RD  
 CITY-ST-ZIP NAVARRE, FL 32566

TITLE D/S ☐ Delete  
 NAME DAVID S BROWN  
 STREET ADDRESS 1 MARINA ROAD NTH 717  
 CITY-ST-ZIP SARASOTA, FLORIDA, CANADA

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
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 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)