

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90093 025 ***150.00

DOCUMENT # S49864

1. Entity Name
BSD REALTY, INC.

Principal Place of Business
**1740 SW ST LUCIE WEST BLVD
 PORT ST LUCIE FL 34986**

Mailing Address
**1740 SW ST LUCIE WEST BLVD
 PORT ST LUCIE FL 34986-2504
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1850 Fountainview Blvd
 Suite, Apt. #, etc. Suite 201
 City & State Port St. Lucie FL
 Zip 34986 Country USA**

3. Mailing Address

**1850 Fountainview Blvd
 Suite, Apt. #, etc. Suite 201
 City & State Port St. Lucie FL
 Zip 34986 Country USA**

4. FEI Number **65-0259972** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HEGENER, PAUL J.
 1740 SW ST LUCIE W BOULEVARD
 PORT ST LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**1850 Fountainview Blvd Suite 201
 City Port St. Lucie FL Zip Code 34986**

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 _____ DATE _____
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, 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	PST	<input type="checkbox"/> Delete
NAME	HEGENER, PAUL J	
STREET ADDRESS	1740 SW ST LUCIE WEST BOULEVARD	
CITY-ST-ZIP	PT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul J. Hegener**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/00** Daytime Phone #: **561 340 3550**

CR2E034 (9/99)