

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90955 050 ***150.00

DOCUMENT # V25666

1. Entity Name

B.C.W. INVESTMENT CO. INC.

Principal Place of Business

**2447 N WICKHAM RD
 #124
 MELBOURNE FL 32935
 US**

Mailing Address

**P O BOX 060012
 PALM BAY FL 32906-0012
 US**

2. Principal Place of Business

3. Mailing Address

**2447 N. Wickham Rd.
 Suite, Apt. #, etc.
 #124**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

Zip

Country

Zip

Country

32935

US

4. FEI Number **59-3164419**

☒ 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

**FOLSOM, WILLARD V.
 1341 TROPICANA DRIVE
 PALM BAY FL 32906-0012**

Name **Kristen A. Seibert**

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

2880 N. Wickham Rd. #1816

City

Melbourne

FL

Zip Code

32935

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

Kristen A. Seibert

Kristen A. Seibert

4-1-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLSOM, WILLARD V.	
STREET ADDRESS	1341 TROPICANA DRIVE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLSOM, BETTY J.	
STREET ADDRESS	1341 TROPICANA DRIVE	
CITY-ST-ZIP	PALM BAY FL	
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		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristen A. Seibert	
STREET ADDRESS	2880 N. Wickham Rd #1816	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven C. Hoppe	
STREET ADDRESS	2880 N. Wickham Rd. #1816	
CITY-ST-ZIP	Melbourne, FL 32935	
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:

Kristen A. Seibert

Kristen A. Seibert

4-1-01

321-254-8027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)