

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90047 008 ***550.00

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

2447 N WICKHAM RD
#124
MELBOURNE FL 32935
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2447 N. Wickham Rd

Suite, Apt. #, etc.
124

City & State
Melbourne, FL

Zip
32935

Country
USA

3. Mailing Address

2447 N. Wickham Rd

Suite, Apt. #, etc.
124

City & State
Melbourne, FL

Zip
32935

Country
USA

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

SEIBERT, KRISTEN A
2880 N. WICKHAM RD. #1816
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name **Kristen A. Hoppe**

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

6962 Hammock Trace Dr.

City **Melbourne**

FL

Zip Code
32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kristen A. Hoppe**
 Signature, typed or printed name of registered agent and title if applicable.

Kristen A. Hoppe
 (NOTE: Registered Agent signature required when resigning)

8-11-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☒ Delete
 NAME **SEIBERT, KRISTEN A**
 STREET ADDRESS **2880 N. WICKHAM RD #1816**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **V** ☐ Delete
 NAME **HOPPE, STEVEN C**
 STREET ADDRESS **2880 N. WICKHAM RD #1816**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
 NAME **Kristen A. Hoppe**
 STREET ADDRESS **~~2880 N. Wickham Rd~~ 6962 Hammock Trace Dr.**
 CITY-ST-ZIP **Melbourne, FL. 32940**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **Steven C Hoppe**
 STREET ADDRESS **6962 Hammock Trace Dr.**
 CITY-ST-ZIP **Melbourne, FL. 32940**

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

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:

Kristen A. Hoppe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)