

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010266

1. Entity Name
FBJ OF SOUTH FLORIDA, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90228 018 ***150.00

Principal Place of Business

2315 N CONGRESS AVE
31
BOYNTON BCH FL 33426
US

Mailing Address

2315 N CONGRESS AVE
31
BOYNTON BCH FL 33426
US

2. Principal Place of Business

5505 N OCEAN BLVD
Suite, Apt. #, etc.
8-109

3. Mailing Address

5505 N OCEAN BLVD
Suite, Apt. #, etc.
8-109

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33435

Country

U.S.

Zip

33435

Country

U.S.

6. Name and Address of Current Registered Agent

FEARON, BEATRICE A
2315 N CONGRESS AVE
31
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name FEARON BEATRICE A (SAME)
Street Address (P.O. Box Number is Not Acceptable)
5505 N OCEAN BLVD
8-109
City BOYNTON BEACH FL Zip Code 33435

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, 2002 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	FEARON, JOHN E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2315 N CONGRESS AVE # 24	
CITY-ST-ZIP		BOYNTON BEACH FL 33426	
TITLE	D	FEARON, BEATRICE A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2315 N CONGRESS AVE # 24	
CITY-ST-ZIP		BOYNTON BEACH FL 33426	
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	D	FEARON JOHN E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5505 N OCEAN BLVD 8-109	
CITY-ST-ZIP		BOYNTON BEACH FL 33435	
TITLE	D	FEARON BEATRICE A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5505 N OCEAN BLVD 8-109	
CITY-ST-ZIP		BOYNTON BEACH FL 33435	
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:

Beatrice A. Fearon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 561-364-4362

Date

Daytime Phone #

CR2E034 (9/01)