

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90973 021 ***150.00

LU059175

DO NOT WRITE IN THIS SPACE

DOCUMENT # 498545
1. Entity Name
 B. J. J. S., Inc.

Principal Place of Business
 421 Montgomery Road
 Suite 141
 Altamonte Springs FL 32714
 U S

Mailing Address
 P.O.Box 162732
 Altamonte Springs, FL 3271
 U S

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-1652442

Applied For
 Not Applicable

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

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

Meitin, Julian R.
 421 Montgomery Road
 Suite 141
 Altamonte Springs FL 32714

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 _____ **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, 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

TITLE PD	<input type="checkbox"/> Delete
NAME Meitin, Julian R.	
STREET ADDRESS 421 Montgomery Road Ste 141	
CITY-ST-ZIP Altamonte Springs FL 32714	
TITLE SD	<input type="checkbox"/> Delete
NAME Cope, Judi M.	
STREET ADDRESS 370 Golf Brook Circle # 106	
CITY-ST-ZIP Longwood FL 32779	
TITLE TD	<input type="checkbox"/> Delete
NAME Meitin, Samuel R.	
STREET ADDRESS 401 Center Pointe Circle # 1647	
CITY-ST-ZIP Altamonte Springs FL 32701	
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: *Julian R. Meitin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian R. Meitin 4/17/01 **407 865-7887**
 Date Daytime Phone #

CR2E034 (11/00)