

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644783

1. Entity Name

BHLO SALES AND SERVICES, INC.

Principal Place of Business

733 NORTH MAGNOLIA AVENUE  
OCALA FL 34475  
US

Mailing Address

733 NORTH MAGNOLIA AVENUE  
OCALA FL 34475-8873  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARZELLA, ROSEMARIE  
HIGHWAY 329 EAST  
SPARR FL 32192

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARZELLA, ROSEMARIE	HWY. 329 EAST	SPARR FL	<input type="checkbox"/>
S	SCHMIDT, NELDA F.	11380 N. MAGNOLIA AVE.	OCALA FL	<input type="checkbox"/>
V	SCHMIDT, HILMER C.	11380 N. MAGNOLIA AVE.	OCALA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Rosemarie Marzella ROSEMARIE MARZELLA 1-25-00 732-4358  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90105 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1954983** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)