## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

671 LEMON BLUFF RD

## 674947 **DOCUMENT #**

1. Entity Name

Principal Place of Business

671 LEMON BLUFF RD

OCTEEN EL 22764

BYNUM ENTERPRISES, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90124 025 \*\*\*150.00

OSTEEN FL	32764		OSTEEN FL 32764								
US			US			1 1			HARIA BUBAN BUBAN BUBAN		
2. Principal F	Place of Busin	ASS	3. Mailing Address								
232	-Dele	EON ROAD		53017	5						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat Debo	a ny	FL.	City & State Debany	FL.		4. FEIN	umber 59-20	007223	<b>⊢</b>	pplied For lot Applicable	
			Zip Country 32753-0175 USA		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
DVAU.II.	HADOV 44	•		Nan	ne HAn	iny	M. B	YN UM			
BYNUM, HARRY M					Street Address (P.O. Box Number is Not Acceptable)						
671 LEMON BLUFF ROAD					232- DELEON ROAD						
OSTEEN FL 32764											
*				City	Delou	Ky.	FL.		FL Zip Coo	713	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		FEE IS \$150.00				9	. Election Cam	paign Financing	· \$5.0	OO May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Co	. •	_ ~~.,	d to Fees	
10.		OFFICERS AND D	<b></b>	11.		ADDITIC	NIS/CHANGES	TO OFFICERS	AND DIRECTOR	9Q INI 11	
TITLE	PVT		☐ Delete	TITLE		, to bille	1107011/114020	TO OTTIOLIS	M Change	Addition	
NAME	BYNUM, H			NAME					ded annual		
STREET ADDRESS		N BLUFF ROAD		STREET ADDR			ELEON			_	
CITY-ST-ZIP	OSTEEN F	L 32/64		CITY-ST-ZIP	Del	bary	<u>, FL.</u>	3275	3-017		
TITLE NAME	VPS	PENDV D	Delete	TITLE					☐ Change	Addition	
STREET ADDRESS	LANIUS, W 109 CLEAF			NAME STREET ADDRI	22						
CITY-ST-ZIP		DRA BEACH FL 32082		CITY-ST-ZIP							
TITLE			☐ Delete	TITLE			•		[ ] Change	Addition	
NAME				NAME							
STREET ADDRESS			-	STREET ADDRE	ss	- 4					
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS				STREET ADDRE	SS					- (	
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE		****	☐ Delete	TITLE					☐ Change	Addition	
NAME				NAMÉ							
STREET ADDRESS				STREET ADDRE	SS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRE	ss					Ì	
CITY-ST-ZIP				CITY-SI-7IP	~					1	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. BYNOM

386-753-9956