

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90108 028 ****61.25

DOCUMENT # 755852

1. Entity Name

B & J ACRES, INC.

Principal Place of Business

RT 3 BOX 1280
 STARKE FL 32901
 US

Mailing Address

RT 3 BOX 1280
 STARKE FL 32901
 US

2. Principal Place of Business

STARKE FL.
 Suite, Apt. #, etc.

3. Mailing Address

STARKE FL. 32091
 Suite, Apt. #, etc.

City & State
STARKE FL.

City & State

Zip Country
32091 Bradford

Zip Country
32091 Bradford

4. FEI Number
59-2088128

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILLIS, JOSEPH
RT 3 BOX 1280
STARKE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME HILLIS, JOSEPH
 STREET ADDRESS RT 3 BOX 1280
 CITY-ST-ZIP STARKE FL

TITLE STD
 NAME HILLIS, BERNADINE C
 STREET ADDRESS RT 3 BOX 1280
 CITY-ST-ZIP STARKE FL

TITLE D
 NAME ANTONE, RALPH L
 STREET ADDRESS 634 IVA PLACE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: SIGNATURE REQUIRED

Joseph Hillis

1/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)