

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90035 034 ***150.00

DOCUMENT # G26642

1. Entity Name

BHJ, INC.

Principal Place of Business

Mailing Address

PO BOX 941539
MAITLAND FL 32794-8539

PO BOX 941539
MAITLAND FL 32794-1539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2265954

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, JOHN H.
601 N ORLANDO AVE
SUITE 205
MAITLAND FL 32751

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
Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD ☐ Delete
NAME QUINN, JOHN H.
STREET ADDRESS 742 FAIROAKS LANE
CITY-ST-ZIP MAITLAND FL

TITLE STD ☐ Delete
NAME QUINN, HALLIE H.
STREET ADDRESS 742 FAIROAKS LANE
CITY-ST-ZIP MAITLAND FL

TITLE VD ☐ Delete
NAME QUINN, JOHN H., JR.
STREET ADDRESS 335 LOS ADOBES DR
CITY-ST-ZIP CARBONDALE CO

TITLE VD ☐ Delete
NAME QUINN, BROOKS C.
STREET ADDRESS 13 ELLIS CT
CITY-ST-ZIP HILTON HEAD ISLAND SC

TITLE VD ☐ Delete
NAME QUINN, HALLIE W
STREET ADDRESS 2510 NW 23RD AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME QUINN, LENNA M.
STREET ADDRESS 13 ELLIS COURT
CITY-ST-ZIP HILTON HEAD ISLAND, SC

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Quinn, President 02/26/00 (407) 740-0

Date

Daytime Phone #