

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G26642**

1. Entity Name  
**BHJ, INC.**

Principal Place of Business  
**PO BOX 941539  
MAITLAND FL 32794-8539**

Mailing Address  
**PO BOX 941539  
MAITLAND FL 32794-8539**

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**

Applied For  
Not Applicable

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)  
**1020 DUPONT AVENUE**

City **WINTER PARK**

**FL**

Zip Code  
**32789**

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 John H. Quinn, President

02/08/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINN, JOHN H.	
STREET ADDRESS	742 FAIROAKS LANE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	QUINN, HALLIE H.	
STREET ADDRESS	742 FAIROAKS LANE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINN, JOHN H., JR.	
STREET ADDRESS	335 LOS ADOBES DR	
CITY-ST-ZIP	CARBONDALE CO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINN, BROOKS C.	
STREET ADDRESS	13 ELLIS CT	
CITY-ST-ZIP	HILTON HEAD ISLAND SC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINN, HALLIE W	
STREET ADDRESS	2510 NW 23RD AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, LEENA M	
STREET ADDRESS	13 ELLIS COURT	
CITY-ST-ZIP	HILTON HEAD ISLAND SC	

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, LENNA, M
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: John H. Quinn, President 02/08/01 (407) 740-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90209 042 \*\*\*150.00

**813659**



DO NOT WRITE IN THIS SPACE

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BHJ, INC.  
P. O. Box 941539  
MAITLAND, FL 32794-1539

FEI # 59-2265954

ITEM 11. (Continued)

ITEM 12. (Continued)

D  
RUDNER, REBECCA A.  
335 LOS ADOBES DRIVE  
CARBONDALE, CO

X Addition