2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-7IP

SIGNATURE:

Feb 04, 2000 8:00 am DOCUMENT # G32646 Secretary of State B & J SOUTHERN SALES, INC. 02-04-2000 90012 013 ***150.00 Mailing Address Principal Place of Business 2398A 63RD AVE E. BRADENTON 34203 2398A 63RD AVE E. BRADENTON 34203 P O BOX 2542 ONECO FL 34203 ONECO FL 34264-2542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2280932 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMES, BRUCE V Street Address (P.O. Box Number is Not Acceptable) 2398A 63RD AVE. EAST **BRADENTON FL 34203** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Dess Not & Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITI F TITLE ☐ Delete SIMES, BRUCE V NAME NAME 427-59TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 ☐ Addition TITLE **XX**Change . Delete VS SUTTON, SAMUEL J. NAME SUTTON, SAMUEL J. 2932 RAVINES RD UNIT 3525 STREET ADDRESS STREET ADDRESS 7521 Cinnamon Lake Dr. CITY-ST-7IP MIDDLEBURG FL CITY-ST-ZIP Jacksonville, Fl<u> 32244</u> ☐ Delete ~ JITLE? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does of 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 accordate and that my signature shall have the same legal effect as if plade under eath; that I am an officer or director of the corporation or the received of justee empered to get cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the plant of the corporation of the corporation of the received of the received of the corporation of the received of the

like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO