

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 021 ***150.00

DOCUMENT # **G32646**

1. Entity Name

B&J SOUTHERN SALES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2398(B) 63RD AVE E

Suite, Apt. #, etc.

3. Mailing Address

2398(B) 63RD AVE E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

59-2280932

Applied For

Not Applicable

Zip

34203

Country

USA

Zip

34203

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRUCE V. SIMES

Street Address (P.O. Box Number is Not Acceptable)

2398(B) 63RD AVE. E.

City

BRADENTON FL

FL

Zip Code

34203

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P, D.

SIMES, BRUCE V.

2398 (B) 63RD AVE E.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BRADENTON FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V, S.

SUTTON, SAMUEL J

754 CINNAMON LAKE DR.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MIDDLE BURG FL

32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. V.

1-28-03

Date

Daytime Phone #

B. V. SIMES

CR2E034B (12/02)