

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90056 008 ***150.00

DOCUMENT # G72685

1. Entity Name

BFM HOME DESIGNERS & BUILDERS, INC.

Principal Place of Business

**15 SHUMARD ST
 OSPREY FL 34229
 US**

Mailing Address

**PO BOX 537
 OSPREY FL 34229
 US**

2. Principal Place of Business

103 WOODLAKE DRIVE

3. Mailing Address

103 WOODLAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FLA

City & State

VENICE, FLA

4. FEI Number

59-2350358

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, DWIGHT R.
 3534 CASEY KEY RD
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name **DWIGHT R. MORRISON**

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

103 WOODLAKE DRIVE

City **VENICE, FLA**

FL

Zip Code **34292**

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.

DWIGHT R. MORRISON

SIGNATURE *[Signature]*

Signature, type 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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, DWIGHT R	
STREET ADDRESS	3534 CASEY KEY RD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, PHYLLIS A.	
STREET ADDRESS	3534 CASEY KEY RD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MORRISON, DWIGHT R JR	
STREET ADDRESS	15 SHUMARD ST	
CITY-ST-ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: DWIGHT R. MORRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)