2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **H65250** · Apr 24, 2000 8:00 am Secretary of State 1. Entity Name B.J.K., INC. 04-24-2000 90037 005 ***158.75 Mailing Address Principal Place of Business 100-C. ACHLEY DR. 100 S. ASHLEY-DR. SUITE 1745 SHITE 1745 AMPA-FL-03002-531 TAMPA-FL-00602 534 2. Principal Place of Business 3. Mailing Address 622 Danube Avenue 622 Danube Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 34-1483524 Not Applicable Tampa, Tampa, FL Country \$8.75 Additional 5... Certificate of Status Desired Fee Required 33606 33606 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALERMO, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHLEY DR. 622-Danube-Avenue-SUITE-1745-TAMPA FL 33602 Zip Code 33606 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 apent and tatle despition is PALE PROPERTY Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE D TITLE PALERMO, JAMES D. NAME Palermo, James D. NAME STREET ADDRESS STREET ADDRESS 100 S. ASHLEY DR. #1745 622 Danube Avenue CITY-ST-ZIP CITY-ST-7IP TAMPA FL Tampa, FL 33606 Change ☐ Addition ☐ Delete TITLE TITLE KOSAR, BERNIE., SR. NAME Kosar, Bernie, Sr. NAME STREET ADDRESS 100 S. ASHLEY DR. #1745 STREET ADDRESS 622 Danube Avenue CITY-ST-7IB CITY-ST-ZIP TAMPA FL Tampa, FL 33606 ☐ Change ☐ Addition TITLE Delete TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE

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 a other like empowered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/16/00 81

813/253-3213

☐ Change

Addition