

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83241

1. Entity Name

B.D.R. FAST STOP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90805 049 ***150.00

Principal Place of Business Mailing Address
* CHARLES E. PELLICER * CHARLES E. PELLICER
28 CORDOVA STREET 28 CORDOVA STREET
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-3627

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2817466 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

PELLICER, CHARLES E.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HEATON, BERTHA	
STREET ADDRESS	HWY 13A 6200 SR 13N	
CITY-ST-ZIP	GREEN COVE SPGS FL ST Augustine 32092	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, ROBERT	
STREET ADDRESS	8455 FLORENCE COVE RD	
CITY-ST-ZIP	ST AUG FL 32092	
TITLE		<input type="checkbox"/> Delete
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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: Bertha Heaton 3-23-2000 904-284-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)