

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90032 019 \*\*\*150.00

**DOCUMENT # L78436**

1. Entity Name

**BJC HOLDINGS, INC.**

Principal Place of Business

**5381 CLIFF STREET  
P O DRAWER 677  
GRACEVILLE FL 32440**

Mailing Address

**5381 CLIFF STREET  
P O DRAWER 677  
GRACEVILLE FL 32440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3067143**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILDER, T W, III  
5381 CLIFF STREET  
GRACEVILLE, FL 32440**

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

Signature, typed 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **WILDER, TOM W.**  
CITY-ST-ZIP **RT. 1, BOX 761  
SLOCOMB AL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2842 Old Chipley Rd**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WILDER, T.W. IV**  
CITY-ST-ZIP **4015 FLINT DR  
MARIANNA FL 32446**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4285 Lafayette Street**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **HEISLER, THOMAS E**  
CITY-ST-ZIP **5676 HWY 77  
GRACEVILLE FL 32440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, F. J. DR**  
CITY-ST-ZIP **1501 EAST EIGHTH AV.  
GRACEVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, LEE W.**  
CITY-ST-ZIP **101 8TH AVE  
GRACEVILLE FL 32440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas E. Heisler* **Thomas E. Heisler January 11, 2002** **850 263-3225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)