

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90045 010 ***150.00

DOCUMENT # L84119

1. Entity Name
B.J.'S CUSTOM AUTO UPHOLSTERY, INC.



Principal Place of Business
**C/O BARBARA HEITMAN
8624 NORTH FLORIDA AVENUE
TAMPA, FL 33604**

Mailing Address
**C/O BARBARA HEITMAN
8624 NORTH FLORIDA AVENUE
TAMPA, FL 33604**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3036170

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

**HEITMAN, BARBARA
8624 NORTH FLORIDA AVENUE
TAMPA, FL 33604**

7. Name and Address of New Registered Agent

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. 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**TSD
HEITMAN, BARBARA
8624 N FLORIDA AVE
TAMPA, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HEITMAN, JOSEPH
8624 N FLORIDA AVE
TAMPA, FL**

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HEITMAN
Barbara Heitman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-07

Date

813-932-7305

Daytime Phone #