## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90948 044 \*\*\*150.00



Principal Place of Business **B & A INDUSTRIAL** 2201 SE INDIAN ST. 1-3 STHART FL 34997

Mailing Address P.O. BOX 7044 STUART FL 34996

3. Mailing Address	
Suite, Apt. #, etc.	<del></del>
City & State	<u> </u>
	Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 16-1289777 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Name BEATTIE, JOHN L 2201 SE INDIAN ST. 1-3

OFFICERS AND DIRECTORS

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

City

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

10.

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STUART FL 34997 17

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9. Election Campaign Financing \$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

TITI F Delete TITLE Change ☐ Addition BEATTIE, JOHN L NAME NAME 4 ADMIRAL'S WALK STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition

11.

TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAM STREET ADDRESS STRE CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete

☐ Delete

-ST-ZIP		
	☐ Change	Addition
ET ADDRESS		

Trust Fund Contribution.

TITLE Change ☐ Addition NAME

STREET ADDRESS CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS

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TITLE	☐ Change	Addition
NAME		
STREET ADDRESS		
CITY_ST <sub>2</sub> .7IP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP