2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am [§] Secretary of State DOCUMENT # N9800006696 1. Entity Name 04-16-2001 90253 046 ****61.50 BMWS, INC. Principal Place of Business Mailing Address 600 WEST 35TH STREET 600 WEST 35TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0885011 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, FRED A SR. 600 WEST 35TH STREET RIVIERA BEACH FL 33404 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. A. Breus FRED A. BROWH - President 4-9-01 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME BROWN, FRED A SR. STREET ADDRESS STREET ADDRESS 600 WEST 35TH STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME WRIGHT, DANTE G STREET ADDRESS STREET ADDRESS 4833 ANDROS DR. CITY-ST-ZIP CITY-ST-ZiP WEST PALM BEACH FL 33407 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MARSHALL, SAMUEL T II STREET ADDRESS STREET ADDRESS 1121 2ND. STREET CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITI F ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SECULIFIED A. BLOWN - president 4-9-01

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone