

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077276

1. Entity Name

BEJAYS DIESEL SERVICES, INC.

Principal Place of Business

3325 N EDGEWOOD AVE
JACKSONVILLE FL 32254

Mailing Address

3325 N EDGEWOOD AVE
JACKSONVILLE FL 32254

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JONES, BILLY
3325 N EDGEWOOD AVE
JACKSONVILLE FL 32254

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.

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, 2001 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

TITLE: PRESIDENT
NAME: BILLY JONES
STREET ADDRESS: 3325 N EDGEWOOD AVE
CITY-ST-ZIP: JACKSONVILLE FL ☐ Delete

TITLE: VICE PRESIDENT
NAME: BILLY JONES
STREET ADDRESS: 3325 N EDGEWOOD AVE
CITY-ST-ZIP: JACKSONVILLE FL ☐ Delete

TITLE: TREASURER
NAME: BILLY JONES
STREET ADDRESS: 3325 N EDGEWOOD AVE
CITY-ST-ZIP: JACKSONVILLE FL ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31-01

Date

904-353-2007

Daytime Phone #



DO NOT WRITE IN THIS SPACE

File Number

59-3661726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0022093

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90039 037 ***150.00