FILED
Aug 07, 2003 8:00 am
Secretary of State
08-07-2003 90120 001 ***400.00
07-07-2003 90137 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078751

1. Entity Name
BJFV, INC.

Principal Place of Business	Mailing Address
909 SOUTH RIDGEWOOD AVE DAYTONA BEACH FL 32114 US	909 SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	148 Kenilworth Av
Suite, Apt. #, etc.	Suite, Apt. #, etc. —
City & State	City & State Ormond Beach FL
Zip / Country	Zip 32174 Country USA

4. FEI Number 59-3665016 ☐ Applied For ☐ Not Applicable

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
VOGES, ROBERT J 909 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) 148 Kenilworth Av City Ormond Beach FL Zip Code 32174

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] 6/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VOGES, ROBERT J 11 FOXHUNTER FLAT ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 148 Kenilworth Ave Ormond Beach FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN VOGES, JUDITH F 11 FOXHUNTER FLAT ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 148 Kenilworth Ave Ormond Beach FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: [signature] ROBERT J VOGES 6/30/03 386 257 4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #