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2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P00000082011 1. Entity Name 04-11-2002 90020 007 ***150.00 BHD ENTERPRISES, INC. Principal Place of Business Mailing Address 739 CALIENTE DRIVE 739 CALIENTE DRIVE BRANDON FL 33511 BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3667823 Not Applicable Zip Country 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 STALKER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 739 CALIENTE DRIVE **BRANDON FL 33511** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be , Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** TITLE TITLE ☐ Delete Change ☐ Addition STALKER, ROBERT M NAME NAME STREET ADDRESS 739 CALIENTE DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STALKER, MELANIE D NAME STREET ADDRESS 739 CALIENTE DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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