2002 Uniform Business Report (UBR)

Mar 15, 2002 8:00 am P00000094499 DOCUMENT # **Secretary of State** 1. Entity Name 03-15-2002 90001 049 ***150.00 BEAU CAJ ENTERPRISES, INC. Principal Place of Business Mailing Address 16030 E EPSON DR PO BOX 1345 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1061642 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALTON, CONNIE J Street Address (P.O. Box Number is Not Acceptable) 16030 E EPSON DR LOXAHATCHEE FL 33470 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME DALTON, CONNIE J NAME STREET ADDRESS STREET ADDRESS 16030 E EPSON DR CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME TYNDAL, PENNY STREET ADDRESS STREET ADDRESS 9091 BANQUET WAY CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

3-3-02 5616014793

FILED

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