

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90044 038 ***150.00

0468326
AV

DOCUMENT # P01000001347

1. Entity Name
B & J EXPRESS, INC.

Principal Place of Business

**583 CHARWOOD AVE S
LEHIGH ACRES FL 33936**

Mailing Address

**583 CHARWOOD AVE S
LEHIGH ACRES FL 33936**

2. Principal Place of Business

1022 MICHAEL AVE

3. Mailing Address

1022 MICHAEL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33972

Country

LEE

Zip

33972

Country

LEE

4. FEI Number

52-2285758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOSTICK, COZA NIX
583 CHARWOOD AVE S
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

DREXELL M NIX

Street Address (P.O. Box Number is Not Acceptable)

1022 MICHAEL AVE

City

LEHIGH ACRES

FL

Zip Code

33972

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 **DREXELL M. NIX M**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-02-02

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, 2002 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 **D** ☐ Delete
NAME **BOSTICK, COZA NIX**
STREET ADDRESS **583 CHARWOOD AVE S**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☐ Change ☒ Addition
NAME **DREXELL M. NIX**
STREET ADDRESS **1022 MICHAEL AVE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

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

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

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

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

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:

DREXELL M. NIX **02-02-02** **941/369-2641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)