

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000005584					
1. Entity Name BJORN, INC.					
Principal Place of Business 39405 FRENCH RD. LADY LAKE, FL 32159			Mailing Address 39405 FRENCH RD. LADY LAKE, FL 32159		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3690907				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, CHARLES D ESQ. 907 WEBSTER ST. LEESBURG, FL 34748				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.) DATE _____					
FILE NOW WITH FEB '03: \$150.00 After May 1, 2003 Fee Will Be \$650.00 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					
PSTD BJORN, TAMI F 39405 FRENCH RD. LADY LAKE, FL 32159					
VP BJORN, JEFF P 39405 FRENCH RD. LADY LAKE, FL 32159					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>James F. Bjorn</i> 4-25-03 352-750-0226					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)

Attachment.

DO# NO2000000165-11023058

We weren't clear about the instructions re Blocks 10 & 11. The 3 listed are current officers. We prefer that they not be shown on Internet. Thank you

Sorry! We had 2 similar ones to fill out & just said that they were reversed. The other one is enclosed herein.