

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90153 018 ***150.00

DOCUMENT # P01000030938

1. Entity Name

BMJC, INC.

Principal Place of Business

**3616 BEECH TREE DRIVE
 ORLANDO FL 32835**

Mailing Address

**3616 BEECH TREE DRIVE
 ORLANDO FL 32835**

2. Principal Place of Business

3616 BEECH TREE DRIVE

3. Mailing Address

3616 BEECH TREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

Zip

32835

Country

FL

Zip

32835

Country

FL

4. FEI Number

593707941

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BARBARA HITSMAN**
 Street Address (P.O. Box Number is Not Acceptable)
3616 BEECH TREE DRIVE
 City **ORLANDO** FL Zip Code **32835**

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

Barbara A. Hitsman

3-11-02

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

(NOTE: Registered Agent signature required when reinstating)

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 **PSTD** ☐ Delete
 NAME **HITSMAN, BARBARA ANN**
 STREET ADDRESS **3616 BEECH TREE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
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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 **VTSD** ☐ Change ☒ Addition
 NAME **GABRIELLA WEST, GABRIELLA ANTONIETTA**
 STREET ADDRESS **2335 BRANCH AVE**
 CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

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

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TITLE ☐ Change ☐ Addition
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 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:

Barbara A. Hitsman *Gabriella West* *Gabriella West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-11-02

407 523 7027

CR2E034 (9/01)