2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000034076



FILED Mar 10, 2003 8:00 am Secretary of State

| Multiple Address Multiple Address | 1. Entity Nat BJS CON | ^{me} NSULTING | i, INC. | | | | | | 03-10-2003 | 3 90113 004 | ***150 | .00 | |
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| Sure. Apt # etc. Sure. Apt # etc. Sure. Apt # etc. | 4551 DELMAI | R DR | 5 | 4551 D | 4551 DELMAR DR | | | | 88) din 8818) dina 88 34 | ###################################### | | 1 80/8 0 /1/1 1 80 / | |
| City & State City & State City | 2. Principal | Place of Busin | ess | 3. Mailir | 3. Mailing Address | | | | | | | | |
| Zip Country Zip Country S. Certificatio of Status Desired S9.3710673 Name and Additional Fee Procured 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) City City City City City City City City | Suite, Apt | i. #, etc. | | Suite, | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| S. Certificate of Status Desired \$9.6 / Additional \$9.6 / Addi | City & State | | | City & | City & State | | | 1 383/100/3 1 | | | | 7 | |
| SORENON, BONNIE J 4551 DELMAR DR LAKELAND FL 33801 City FL Zp Coto City | Zip | | <u> </u> | | | Country | _ | 5. Certificate | e of Status Desired | \$ | 8.75 Ad | ditional | 1 |
| Screen Address (PO_Box Number is Not Acceptable) Street Address (PO_Box Number is Not Acceptable) Street Address (PO_Box Number is Not Acceptable) City | 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| ASSI DELMAR DR LAKELAND FL 33801 Street Address (P.C. Box Number is Not Acceptable) | | AL BOLINE | ور و المستوالية المستوالية المستوالية والمستوالية والمستوالية والمستوالية والمستوالية والمستوالية والمستوالية | | · | Nam | ne | | | | | | 7 |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and to it applicable. POTE Registered Agent Signature required when | | • | J AK | | Street Addres | | | (P.O. Box Number is Not Acceptable) | | | | | 1 |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature types of prime named registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | LAKELAN | D FL 33801 | | | | | | | | | | | 1 |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent. Special property of the obligation of registered agent. Special property of the obligation of the obliga | | .16 | <u>:</u> : | | | City | City FI Zip Code | | | | | e | ┧ |
| SIGNATURE Square, Typed or primed, name of eigliumend agent and title if supricable. (NOTE Revisited Agent signature requised when whattation) **FILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE NAME STRETA ADDRESS CITY-51-2P NAME STRETA ADDRESS | rúe ópliga | e named entity tions of registe | submits this statement ered agent. | nt for the purpos | se of changing its | registered office | e or registere | ed agent, or bo | th, in the State of I | | miliar with, | and accept | - |
| Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | | | or printed name of registered a | gent and title if applica | able. (NOTE | E: Registered Agent si | anature required | when reinstating) | | DATE | | <u></u> | |
| After May 1, 2003 Fee will be \$550,00 May Be Added to Fees Make Chevapate to Florida Department of State 10. | | HE NOWIH | FEE IC 6150.00 | 1 | | | | | | | | | - |
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| | | ertify that the | information supplied v | vith this filing do | es not qualify for | | tated in Sec | tion 119 07/9\/ | i) Florida Statutas | further acres | that the i- | formation | |

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:



CR2E034 (10/02)