

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0589159 AT

**DOCUMENT # P01000042141**

1. Entity Name  
**BFC BUILDERS, INC.**

04-11-2002 90054 039 \*\*\*150.00

Principal Place of Business  
**670 MOLINO RD.  
 MOLINO FL 32577**

Mailing Address  
**P. O. BOX 580  
 MOLINO FL 32577**



2. Principal Place of Business  
**670 Molino Road**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 580**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Molino, Florida**

City & State  
**Molino, Florida**

4. FEI Number  
**31-1769153**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip Country Zip Country  
**32577 US 32577 US**

6. Name and Address of Current Registered Agent

**LOOMIS, GEORGE E**  
**670 MOLINO RD.**  
**MOLINO FL 32577**

7. Name and Address of New Registered Agent

Name  
**Irene A. Veazey**

Street Address (P.O. Box Number is Not Acceptable)  
**670 Molino Road**

City  
**Molino, FL** Zip Code  
**32577**

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 **Irene A. Veazey - President** **03-29-02**

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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD VEAZEY, IRENE A 670 MOLINO RD. MOLINO FL 32577</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD VEAZEY, BENNIE F 670 MOLINO RD. MOLINO FL 32577</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Irene A. Veazey - President** **3-29-02** **850) 587-5798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)