

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90403 048 ***150.00

DOCUMENT # P01000042141



1. Entity Name
BFC BUILDERS, INC.

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
PO Box 580
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MOLINO FL
Zip
32577
Country
US

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MOLINO FL
Zip
32577
Country
US

4. FEI Number **31-1769153**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VEAZEY, IRENE A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Irene A. Veazey**
Signature, typed or printed name of registered agent and title if applicable

DATE
4/8/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VEAZEY, IRENE A 670 MOLINO RD. MOLINO FL 32577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD VEAZEY, BENNIE F 670 MOLINO RD. MOLINO FL 32577 <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

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IRENE A. VEAZEY** 4/9/03 850)587-5798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (10/02)