

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90018 028 ***150.00

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DOCUMENT # P01000045824

1. Entity Name

BOTTOM RESOURCE MANAGEMENT GROUP, INC.



Principal Place of Business

**1704 CHERRY STREET
PANAMA CITY FL 32401**

Mailing Address

**1704 CHERRY STREET
PANAMA CITY FL 32401**

11060010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3719031

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIZZARD, DANNY
1704 CHERRY STREET
PANAMA CITY FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity, by 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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RAFFIELD, EUGENE	
STREET ADDRESS	2103 CYPRESS AVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, JAMES P	
STREET ADDRESS	110 NORRIDGE PL	
CITY-ST-ZIP	BIRMINGHAM AL 53124	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, VERAN O	
STREET ADDRESS	410 TEXAS DRIVE	
CITY-ST-ZIP	MEXICO BEACH FL 32410	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIZZARD, DANNY	
STREET ADDRESS	1704 CHERRY STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 April 03

CR2E034 (10/02)