

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90164 027 ***158.75

DOCUMENT # P01000049375

1. Entity Name
BILMAR, INC.



Principal Place of Business
**2790 S.E. FAIRMONT ST
STUART FL 34997**

Mailing Address
**526 NW NADELL AVE
PORT ST LUCIE FL 34953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1105010**

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

**JOYCE, WILLIAM P
526 SW NADELL AVE
PORT ST LUCIE FL 34953**

Name

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

City

FL

Zip Code

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

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	JOYCE, WILLIAM P	
STREET ADDRESS	526 NW NADELL AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYCE, MARTIN A	
STREET ADDRESS	4492 NE OCEAN BLVD, UNIT D-3	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYCE, EDWARD	
STREET ADDRESS	1749 SE BERKSHIRE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Joyce

MARCH 19, 2003 (772) 463-5996

Date

Daytime Phone #

CR2E034 (10/02)