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

## **DOCUMENT#**

P01000053345

1. Entity Name

BDIM, INC.



## **FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90199 027 \*\*\*150.00

Surie, Apt. #, etc.	Principal Place of Business 317 E. VIRGINIA ST. TALLAHASSEE FL 32301		Mailing Address 317 E. VIRGINIA ST. TALLAHASSEE FL 32301				
City & State    Country   Country   Country   Country   Sp. 721036   Actionable   Actionable   Sp. 75 Additional   Sp. 75 Addi	2. Principal Pla	ce of Business	3. Mailing Address			( I I I I I I I I I I I I I I I I I I I	
City & State    City & State   City & City	Suite, Apt. #	, etc.	Suite, Apt. #, etc.				
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  Name  MARTZOLF, BRIAN D 317E V RIGINAN ST.  TALLAHASSEE FL 32301  City  FL Zip Code  S. 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 objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective registered of the objective register	City & State		City & State			4. FEI Number 59-3721036	
MARTZOLF, BRIAN D 317 E. VIRGINIA ST. TALLAHASSEE FI. 32301  6. The above named entity automits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with 06 \$550.00 Make Check Payable to Florida Department of State  OFFICER ANNO DIRECTORS  ITHE  MARTZOLF, BRIAN D  SIRE! ADDRESS  OTY-ST-2P  TILE  MARTZOLF, BRIAN D  TILE  MARTZOLF	Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	
MARTZOLF, BRIAN D 317 E. VIRGINIA ST. TALLAHASSEE FL. 32301  8. 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 Spyllish, type of perfecting of agential search of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the oblig		6 Name and Address of Current	Registered Agent	<del></del>		7. Name and Address of New Registered	Agent
MARTZOLF, BRIAN D 317 E. VRGINIA ST. TALLAHASSEE FL 32301  City FL Zip Code  City FL					Name		
Expendence 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	MARTZOLF				Street Address	s (P.O. Box Number is Not Acceptable)	
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.    Signaturities	317 E. VIR	GINIA ST.			· · · · · · · · · · · · · · · · · · ·		
8. 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  SIGNATU	TALLAHAS						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Tamillar with, and excess the obligations of registered agent.					1 '	<del>-</del>	<b>L</b> 1
the obligations of registered agent.  SIGNATURE Superholds up proof or protect forms of registered agent and site if applicable. (NOTE Registered Apent signature required when remaining)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAKE SITRET ADDRESS OTIY-ST-ZP TALLAHASSEE FI. 32301  TITLE NAME SITRET ADDRESS OTIY-ST-ZP TITLE NAM	8. The above of	named entity submits this statement f	for the purpose of changing	its register	ed office or regist	tered agent, or both, in the State of Florida. I ar	n familiar with, and accept
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CITY-ST-ZIP  12   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 12   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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	CITY-ST-ZIP	<u> </u>	with this filling does not could			in Section 119.07(3)(i), Florida Statutes. I furthe	certify that the information

indicated on this report or suppliered with this filling does not quality for the exemption stated in Section 119.07(3)(f), Filling statutes. Fidure certify that the information indicated on this report or supplierential 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 P