

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91205 009 ***150.00

DOCUMENT # P01000055633

1. Entity Name

B & J MARINE, INC.

DO NOT WRITE IN THIS SPACE

B0124433

2. Principal Place of Business

4211 NE 27th Avenue

Suite, Apt. #, etc.

3. Mailing Address

4211 NE 27th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point FL

City & State

Lighthouse Point FL

4. FEI Number

65-1110032

Applied For

Not Applicable

Zip
33061

Country
USA

Zip
33061

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James E Roberts

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

4211 NE 27th Avenue

City

Lighthouse Point

FL

Zip Code
33061

**DO NOT WRITE
IN THIS SPACE**

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

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.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME James E Roberts
STREET ADDRESS 4211 NE 27th Avenue
CITY-ST-ZIP Lighthouse Point FL 33061

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Jamie Roberts
STREET ADDRESS 4211 NE 27th Avenue
CITY-ST-ZIP Lighthouse Point FL 33061

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME Kellie Roberts
STREET ADDRESS 4211 NE 27th Avenue
CITY-ST-ZIP Lighthouse Point FL 33061

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Nicole Roberts
STREET ADDRESS 4211 NE 27th Avenue
CITY-ST-ZIP Lighthouse Point FL 33061

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

James E Roberts 5/28/02 954-346-7288

CR2E034B (12/01)