

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91285 044 ***150.00

DOCUMENT # P01000058003

1. Entity Name
B&Z DEVELOPERS, INC.



Principal Place of Business
PO BOX 6397
DESTIN FL 32540

Mailing Address
PO BOX 6397
DESTIN FL 32540



2. Principal Place of Business
130 S. Geronimo St.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 5

Suite, Apt. #, etc.

City & State
Destin, FL

City & State

Zip
32550

Country

Zip

Country

4. FEI Number **59-3729987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA C ESQ
MATTHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **Tim Shores**

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

130 S Geronimo Suite 5

City **Destin**

FL

Zip Code
32550

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

4/25/03

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 ☐ Delete
NAME **PT**
STREET ADDRESS **SHORES, TIMM**
CITY-ST-ZIP **217 CALHOUN AVE**
DESTIN FL 32541

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **WILLIAMS, DAVID**
CITY-ST-ZIP **4120 INDIAN TRAIL**
DESTIN FL 32541

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BORGEN, MARK**
CITY-ST-ZIP **19 OVERSTREET DR**
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ZDANIS, MICHAEL**
CITY-ST-ZIP **18 SUGAR COVE RD**
SANTA ROSA BEACH FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

4/18/03 850 837-4413

Date

Daytime Phone #

CR2E034 (10/02)