2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P01000115513 03-03-2002 90069 025 ***150 00 1. Entity Name BRJ ENTERPRISES, INC. 21921 Mailing Address Principal Place of Business 6901 22 AVE NORTH 6901 22 AVE NORTH ST PETERSBURG FL 33710-3943 ST PETERSBURG FL 33710-3943 2. Principal Place of Business 3. Mailing Address Tee's ONLY. Rowald M. GIBSON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 6830 1102 58ta City & State Applied For 4. FEI Number GUIF PORT 59-376104 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBSON, RONALD M GIBSON, RONALD M Street Address (P.O. Box Number is Not Acceptable) 1102 58th St50 6901-22 AVE NORTH-ST-PETERS8URG FL 33710-3943 GULFPORT, FLA Zip Code 33*70* 7 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. GIBSON FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01 Change ☐ Addition ☐ Delete TITLE TITLE GIBSON, RONALD M NAME NAME CR2E034 6901 22 AVE NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33710-3943 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ns TITLE AKTEL, SELIM Y NAME NAME 5114 11 AVENUE SOUTH STREET ADDRESS STREET ADDRESS **GULFPORT FL 33707** CITY-ST-ZIP C0Y-51-7IP ☐ Change ☐ Addition DT Delete TITLE TITLE GIBSON, BRIAN R NAME NAME 5728-11 AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL 33707** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 13. 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 11 or Block 12 if changed, or on an attachment with any address, with all other like empowered.

SZ REQUIRED

SIGNATURE:

727- 384-8437