

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122487

1. Entity Name
BONJOHN'S INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-20-2002 90040 013 ***150.00

Principal Place of Business
4795 STATE RD 46
MIMS FL 32754

Mailing Address
2481 ROWLAND CT
MIMS FL 32754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3073264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RALPH, JOHN
2481 ROWLAND CT
MIMS FL 32754

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
DEBRA RALPH
2481 ROWLAND COURT, MIMS, FL 32754

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
JOHN RALPH
2481 ROWLAND COURT
MIMS, FL 32754

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
GREGORY FUNDERBURG
6279 BOATWRIGHT ROAD
BROOKS FIELD, FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
LOURDES FUNDERBURG
6279 BOATWRIGHT RD.
BROOKS FIELD, FL 34609

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STREET ADDRESS
CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

Debra Ralph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-02 321-383-2266

CR2E034 (9/01)