## **FILED** Apr 23, 2003 8:00 am & Secretary of State

04-23-2003 90629 001 \*\*\*750.00

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

DOCUMENT #

P02000036393 BFPI PROPERTY MANAGEMENT CORP.



Making Address 98 S. EDGRWOOD AWNUE 98 S. EDGRWOOD	DITTION CHILD WATER CONT.					!					
Suffer April 4, etc.  Suffer April 5, etc.	849 S. EDGEWOOD AVENUE		849 S. EDGEWOOD AVENUE			1 (100) (100) (111 AU) 110	118 32611 <b>26</b> 113 <b>86</b> 13 <b>46</b> 11	- <b> -  -  -  -  -  -  -  -  -  -  -  -  -  </b>	B (8189 )(() 1881		
Suffer April 4, etc.  Suffer April 5, etc.	-										
Cry & State  Cry &	2. Principal Place of Business		3. Mailing Address				i 19011901 (i) 401	110 11011 CEIN BONN 6031	ii 88198 iiria amaa liili	. 1818 B 1711 16 B 1	
Zip Country Zip Country S. Certificate of Status Desired   St. Schlistinal Positive   St. Certificate of Status Desired   St. Schlistinal Positive   St. Certificate of Status Desired   St. Schlistinal Positive   St. Schlistinal Positive   Status Desired   St. Number of Registered Agent   Name   Name   Street Address of New Registered Agent   St. Number in Status   Street Address of New Registered Agent   St. Number in Status   Street Address of New Registered Agent   St. Number in Status   Street Address of New Registered Agent   St. Number in Status   Street Address of New Registered Agent   St. Number in Status   Street Address of New Registered Agent   St. Number in Status   Street Address	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
Security	City & State		City & State			4. FE		12444	———	··	
BIG FOOT PROPERTIES INC. 849 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205  City  FL  Zip Code  8. The above named empty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida.   am hamilier with, and accept the celligations of registered agent, or both, in the State of Florida Department of State    STETE NOW!!! FEE IS \$150.00   Addition   Addi	Zip	Country	Zip	Country		<b>5.</b> Ce					
Street Address (P.O. Box Number) is No. 849 s. EDGEWOOD AVENUE  JACKSONVILLE FL 32205  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. 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 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 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 registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of the State of Florida. I am familiar with and accept the obligation of Florida Peparations.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  Delete  THE  NAME  SIREST ALORESS  OTY-S1-ZP  THE  OTH S1-ZP  THE  NAME  SIREST ALORESS  OTY-S1-ZP  THE  NAME  SIREST ALORESS  OTY-S1-ZP  THE  OTH S1-ZP  THE  OTH S1-ZP  THE  AD		6. Name and Address of Current	Registered Agent			7. Na	me and Addre	ss of New Regist	ered Agent		
Storest Address (P.C. Box Number and or Exemplated)  Storest Address (P.C. Box Number and or Exemplated)  City FL Zip Code  8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sum familiar with, and accept the obligations of represented agent.  Stonature  Symmen lipsace or preservative diagnosed agent and the its applicable.  (NOTE Reported Agent signature received agent, or both, in the State of Florida. I sum familiar with, and accept the obligations of represented agent and site applicable.  Stonature  St	DIO FOOT PROPERTIES INO				Name						
8. The above named entity submys this statement for the pugnose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registored agent.  SIGNATURE  1. FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  O Delde  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  O Delde  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE  O Delde  TITLE  O Delde  TITLE  O Delde  TITLE  NAME STRET ADDRESS  CITY-ST-2P  TITLE  O Delde  TITLE			Street Address (P.O			O. Box Number is Not Acceptable)					
The above named engly submys this statement for the purcose of changing its registered diffice or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations or registered agent.  SIGNATURE  SIGNATURE  SUMMUN. Iyead or ceretal remain of registered agent and the it epictoble.  PLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	JACKSONVILLE FL 32205										
THE 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 IT.  BLIS, DAN  STREET ALDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  Delete  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  Change Addition  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  CHANGE  CHANGE  CITY-ST-2P  Change Addition  Addition  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CHANGE  CHANGE  CHANGE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CHANGE  CHANGE  CHANGE  STREET ADDRESS  CITY-ST-2P  CHANGE  STREET ADDRESS  CITY-ST-2P  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANG				City	<del></del>				FL Zip Cod	de	
SIGNATURE    Signature   Injury   Tribe   St \$150.00	8. The above the obligati	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	ed agen	t, or both, in th	e State of Florida.	I am familiar with	and accept	
SIGNATURE Signature, types or primate rare of registered agent and title it application. (NOTE: Registered Agent signature required when reinstating)  Part May 1, 2003 Fee will be \$550,00 May Be Added to Fees Made Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E NAME STREET ADDRESS CITY-S1-72P  III.E NAME STREET ADDRESS	7	1-5-	ller				2/-	1-03	-		
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-ST-2PP  TITLE NAME STREET ADDRESS CITY-ST-	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: 1	Registered Agent signat	ure required s	when reins			DATE		
Arter May 1, 2003 Fee will be SSSU.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  BLIIS, DAN STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STR	₹ FI	LE NOW!!! FEE IS \$150.00	***************************************				0 Flastics 6				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP				11.		ADD	TIONS/CHAN	GES TO OFFICER	S AND DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		D		TITLE	P	<u> </u>			☐ Change		
TITLE					DA	7	Ellis	Laston .	سع در ۵		
TITLE					89	$i \times i$	5. EL	32205	Moc.		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE						Addition	
CITY-ST-ZIP					ļ						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP										1	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<del></del>	Delete	TITLE	<del></del>				☐ Change	Addition	
CITY-ST-ZIP							,			]	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP		الم إنسم دان المستهدين الهليمية بن		•					<b></b>		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL NAME STREET ADDRESS CITY-ST-ZIP  TOTAL NAME STREET ADDRESS CITY-ST-ZIP	(	100	☐ Delete	•					☐ Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	i									Ì	
NAME STREET ADDRESS CITY-ST-ZIP  NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Detete	TITLE					☐ Change	Addition	
CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					]					}	
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CRAME  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP										ĺ	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP									_ *	_	
	i									ļ	
		ertify that the information supplied with	this filing does not qualify for the	<b>.</b>	ted in Sec	tion 11	9.07(3)(i) Florid	da Statutes I furth	er certify that the	nformation	

rhereby certify that the information supplied with this mining does not qualify for the exemption stated in section 119.07(3)(f), Profited Statutes. Florida Statutes. Florida Statutes in made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this leport 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 a other like empowered.

SIGNATURE: