

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90429 039 \*\*\*150.00

DOCUMENT # P02000091980

1. Entity Name  
BJRM SERVICES INC.



Principal Place of Business  
PO BOX 121  
ALACHUA FL 32615

Mailing Address  
PO BOX 121  
ALACHUA FL 32615

2. Principal Place of Business

3. Mailing Address

PO BOX 121

PO BOX 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alachua FL

Alachua FL

Zip

Country

Zip

Country

32615 USA

32615 USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

51-0422613

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

CHAMBERLAIN, STEVEN M  
618 NE 1 ST  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Renee Hamm

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

10860 NW 65th Way

City  
Alachua

FL

Zip Code  
32615

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 Renee Hamm  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Marilyn Steele  
PO BOX 121  
Alachua FL 32615

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Renee Hamm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 386462-2071  
Date Daytime Phone #

CR2E034 (10/02)