## 2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

125 N. RIVERSIDE DRIVE

POMPANO BEACH FL 33062

3233 NE 105T

## UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #** P02000124959 1. Entity Name

Country

6. Name and Address of Current Registered Agen

BJ'S FOOD SERVICE, INC.

Principal Place of Business

POMPANO BEACH FL 33062

2. Principal Place of Business

O'CONNOR, BRIAN F

125 N. RIVERSIDE DR

POMPANO BEACH FL 33062

Suite, Apt. #, etc.

City & State

Ζŧρ

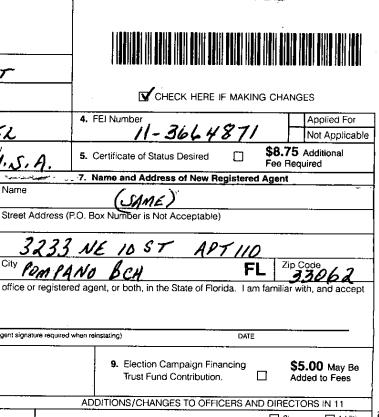
125 N. RIVERSIDE DRIVE



Mar 06, 2003 8:00 am § Secretary of State 03-06-2003 90107 039 \*\*\*150.00

FILED

100ゃりも下や



	•		City Pa	MPANO	BCH	FL Zip Coo	062
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							
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State		_		Election Campaign Finan Trust Fund Contribution.	ocing \$5.0	00 May Be d to Fees	
10.	OFFICERS AND DIRECTOR	RS	11.	ADD	ITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PSD O'CONNOR, BRIAN F 125 N. RIVERSIDE DRIVE POMPANO BEACH FL 33062	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3233 POMPANI	NE 10 ST APT BBCH, FL 33062	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RIELLO, JOSEPH A 963 ALLAMANDA DR. DELRAY BEACH FL 33483	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Delete	NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the information and line with the 411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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.