

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90219 026 \*\*\*150.00

**DOCUMENT # P02000134361**



1. Entity Name  
**B&M WHOLESALE, INC.**

Principal Place of Business  
**1096 RIVER ANNEX ROAD  
CANTONMENT FL 32533**

Mailing Address  
**1096 RIVER ANNEX ROAD  
CANTONMENT FL 32533**



2. Principal Place of Business

3. Mailing Address

**1096 River Annex Rd.**  
Suite, Apt. #, etc.

**1096 River Annex Rd.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Cantonment FL**

City & State  
**Cantonment FL**

4. FEI Number  
**383 666 884**

Applied For  
☐ Not Applicable

Zip  
**32533**

Country  
**ESpanb.A**

Zip  
**32533**

Country  
**ESpanb.A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GODWIN, BENJAMIN E  
1096 RIVER ANNEX ROAD  
CANTONMENT FL 32533**

Name  
**Morris E Harrison**  
Street Address (P.O. Box Number is Not Acceptable)  
**1096 River Annex Rd**  
City & State  
**Cantonment FL** Zip Code  
**32533**

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 **Morris E Harrison D.**  
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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, MORRIS E</b>	
STREET ADDRESS	<b>1096 RIVER ANNEX ROAD</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GODWIN, BENJAMIN E</b>	
STREET ADDRESS	<b>1096 RIVER ANNEX ROAD</b>	
CITY-ST-ZIP	<b>CANTONMENT-FL 32533</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Morris E Harrison D.** **2/18/03 8509379354**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)