

2009

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 MAR 11 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P08000082699
1. Entity Name	
BMJ GRILL, INC.	

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2. Principal Place of Business		3. Mailing Address	
5235 WILLING STREET, SUITE B		5235 WILLING STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE B		SUITE B	
City & State		City & State	
MILTON, FL		MILTON, FL	
Zip	Country	Zip	Country
32570		32583	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
26-3320579	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
JOHN DAVID ELLIOTT	
Street Address (P.O. Box Number is Not Acceptable)	
5235 WILLING STREET, STE B	
City	Zip Code
MILTON	FL 32570

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	
TITLE	SEC
NAME	ELLIOTT, JOHN DAVID
STREET ADDRESS	5235 WILLING STREET, STE B
CITY-ST-ZIP	MILTON, FL 32570
TITLE	PRES
NAME	PATTI, GERARDA M.
STREET ADDRESS	5703 HIGHWAY 90
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.	
TITLE	
NAME	
STREET ADDRESS	400145527524
CITY-ST-ZIP	03/11/09--01017--025 **150.00
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John David Elliott 5/5/09 (850) 623-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #