

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90785 025 \*\*\*150.00

**DOCUMENT # P94000004854**



**1. Entity Name**  
**B & M PROPERTIES OF PASCO, INC.**

**Principal Place of Business**  
**34020 S.R. 54**  
**ZEPHYRHILLS FL 33543**

**Mailing Address**  
**34020 S.R. 54**  
**ZEPHYRHILLS FL 33543**

**2. Principal Place of Business**

**3. Mailing Address**  
**34710 State Route 54**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Zephyrhills**  
**City & State**  
**Florida 33541**

**4. FEI Number** **59-3239355**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BAILEY, ROBERT H**  
**34020 HWY 54**  
**ZEPHYRHILLS FL 33543**

**Name**  
**William M Maxson**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**34710 State Route 54**  
**Zephyrhills, FL 33541**  
**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.**

**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**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ **Delete**  
**NAME** **BAILEY, ROBERT H**  
**STREET ADDRESS** **34020 HWY 54**  
**CITY-ST-ZIP** **ZEPHYRHILLS FL 33543**

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

**TITLE** **DV** ☐ **Delete**  
**NAME** **MAXSON, WILLIAM M**  
**STREET ADDRESS** **34710 SR 54**  
**CITY-ST-ZIP** **ZEPHYRHILLS FL 33541**

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

**TITLE** **DST** ☐ **Delete**  
**NAME** **MAXSON, JANE B**  
**STREET ADDRESS** **34710 SR 54**  
**CITY-ST-ZIP** **ZEPHYRHILLS FL 33541**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

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**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-03

813/782-1756

CR2E034 (10/02)