

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90077 035 ***150.00

DOCUMENT # P94000025322

1. Entity Name
BMD, INC.



Principal Place of Business

**1941 BARBER RD
SARASOTA FL 34240**

Mailing Address

**1941 BARBER RD
SARASOTA FL 34240**

2. Principal Place of Business

6163 JOE JEFF ST.

3. Mailing Address

6163 JOE JEFF ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT, FLORIDA

City & State

NORTH PORT, FL.

Zip

34286

Country

SARASOTA

Zip

34286

Country

SARASOTA

4. FEI Number

65-0478627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRACASSI, GARY A
218 S. BUMBY AVE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MONEY, BENJAMIN**
STREET ADDRESS **1383 TROPICAIRES BLVD**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **S** ☐ Delete
NAME **MONEY, JOY D**
STREET ADDRESS **1383 TROPICAIRES BLVD**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **VP** ☐ Delete
NAME **MONEY, KEITH A**
STREET ADDRESS **3081 ULMANN AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **VP** ☒ Delete
NAME **WEBB, TED**
STREET ADDRESS **3706 70TH AVE RD**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **VP** ☐ Delete
NAME **MONEY, GERALD W**
STREET ADDRESS **3705 ULMANN AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **T** ☐ Delete
NAME **FANNING, BECKY D**
STREET ADDRESS **2639 YACOLT AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: B. SIGNATURE REQUIRED MONEY PRES. 1-29-03 94-423-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)