

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90161 010 ***150.00

DOCUMENT # P94000028708

1. Entity Name
BMS ENTERPRISES, INC.

Principal Place of Business Mailing Address
1229 LANE CIRCLE E **1229 LANE CIRCLE E**
JACKSONVILLE FL 32254 **JACKSONVILLE FL 32254**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address
908 MILTONDALE RD.
 Suite, Apt. #, etc.

City & State City & State
MACCLENNY, FL
 Zip Country Zip Country
32063 **U.S.A.**

4. FEI Number **59-3235767** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VILLANUEVA, LAMBERTO
5918 LANE CIRCLE S.
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name **VILLANUEVA, LAMBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
908 MILTONDALE RD.
 City **MACCLENNY** **FL** Zip Code **32063**

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.

SIGNATURE **LAMBERTO VILLANUEVA** **4.23.02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	VILLANUEVA, LAMBERTO	5918 LANE CIR SOUTH	<input type="checkbox"/> Delete
	D	WYATT, PETER	5918 LANE CIR SOUTH	<input checked="" type="checkbox"/> Delete
	D	WEEKS, MILTON D	5918 LANE CIR SOUTH	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAMBERTO VILLANUEVA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.02

Date

904.783.8716

Daytime Phone #

CR2E034 (9/01)