2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041155 1. Entity Name

B.N.F., INC.

FILED Feb 05, 2000 8:00 am Secretary of State

| D:14.L., | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | 5-2000 9001 | 5 050 ** | *150.00 | , |
|--|--|--|------------------|-----------------|---------------------|--|--|--------------------------------------|-----------------------------------|---|
| Principal Plac | e of Business | Mailing Address | | | | | | | | |
| 6620 LAKESIDE DR W SEBRING FL 33872 US | | 6620 LAKESIDE DANVÉ SEBRING EL-33872-1309 US | | | | | | | | |
| ľ | / | | | | | | 1 6 914 838 14 81 831 88 418 | ea nn ea nn e n | | |
| , | lace of Business | 3. Mailing Address | | | | | | 11 () 11 () 1 (| | |
| 823 (Suite, Apt. | Garland Avenue | 823 Garland Avenue Suite, Apt. #, etc. | | | | 1 10071001118 | DO NOT WOL | E IN TUR | CDACE | |
| Suite, Apt. | #, etc. | Suite, Apr. #, etc. | | | } | | DO NOT WRIT | E IN THIS | SPACE | |
| City & State | | City & State | | | | 4. FEI Number | 65-0503119 | | A | pplied For |
| Sebri | | Sebring, Florida | | | | | וו נטטיטיטי | , | | ot Applie . " |
| Zip | Country | Zip | Countr | , | 1 : | 5. Certificate of | Status Desired | | \$8.75 Add | |
| 33872 | Highlands 6. Name and Address of Current F | 33872 Registered Agent | l Hīdi | <u>hland</u> | | 7. Name and Ad | Idress of New R | egistered . | | |
| | | | | Name | | | | | | |
| EGA | N, JAMES P | Egan, | | | n, Ja dress (P.C | ames P. Box Number is | Not Acceptable | , | - | |
| | LAKESIDE DR W | | | | | land Ave | • | · | | <u> </u> |
| SEBI | RING FL 33872 | • | } | | | | | | | |
| | | | <u> </u> | City | ring | - , ,- ,- | | FL | Zip Cod 3387 | e 2 |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered | | | agent, or both, i | n the State of Flo | rida. | 1330/ | <u>-</u> |
| | | 201 | | | | • | | -11 | 1 | |
| SIGNATURE . | Tames P. Egan Signature, typed or printed name of registered agent at | nd title if application (NOTE | E: Registered | Agent signature | e required who | en reinstating) | | 2]]] | <i>5</i> 0 | |
| Tax filing re | oration is eligible to satisfy its Intangible equirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | | 0.00 | | on Campaign Fin Fund Contribution | | | 00 May Be d to Fees |
| | OFFICERS AND I | | 12. | partment | | ADDITIONS (CH | IANGES TO OFFI | CEBS AND | DIRECTOR | PC /AL 11 |
| 11. | PVPS OFFICERS AND I | DIRECTORS Delete | TITLE | | PVPS | | INIGES TO OFFI | OENS AND | Change | Additio |
| NAME | JAMES P. EGAN | | NAME | Ì | | es P. Ec | ran | | Mr. o.m.go | |
| STREET ADDRESS | 6620 LAKESIDE DR W. | | | T ADDRESS | | | d Avenue | <u>.</u> | | |
| CITY-ST-ZIP | SEBRING FL | | CITY-S | ST-ZIP | | | lorida 3 | | | |
| TITLE | | ☐ Delete | TITLE | 1 | | ٠,٠ | | | ☐ Change | Additio |
| NAME STREET ADDRESS | | | NAME STREET | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-S | - 1 | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | · | ☐ Change | Additio |
| NAME | | | NAME | 1 | | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | | |
| CITY:ST-ZIP | <u> </u> | <u> </u> | CITY | SI-ZIP. | | | <u> </u> | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | } | | | | | ☐ Change | ☐ Additio |
| STREET ADDRESS | | | | T ADDRESS | | | - | | | |
| CITY-ST-ZIP | | | CITY-S | ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | • | | ☐ Change | Additio |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET CITY-S | T ADDRESS | | | | | | |
| | | ☐ Delete | TITLE | | | | | | ☐ Change | Additio |
| TITLE NAME | | ☐ Delete | NAME |) | | | | | □1 cuands | ☐ Modiff |
| STREET ADDRESS | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-S | ST-ZIP | | | | | · | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 13. I hereby c | ertify that the information supplied with on this report or supplemental report is | this filing does not qualify for true and accurate and that n | r the exem | ption state | d in Section | on 119.07(3)(i), F ne legal effect as | Florida Statutes. I s if made under o | further cer ath; that I a | tify that the in am an officer | nformation 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: James P. Egan E.