

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90199 015 ***158.75

DOCUMENT # P94000091447

1. Entity Name

BBKJ, INC., c/o BEVERLY P MILLER

Principal Place of Business

Mailing Address

~~853 SW MONTEREY COMMON BLVD~~
~~STUART FL 34996~~

~~853 SW MONTEREY COMMON BLVD~~
~~STUART FL 34996~~

2. Principal Place of Business

3864 NE SKYLINE DR

3. Mailing Address

P.O. Box 725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

City & State

JENSEN BEACH, FL

4. FEI Number

65-0541457

Applied For

Not Applicable

Zip

34957

Country

MARTIN

Zip

34958

Country

MARTIN

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES

853 SE MONTEREY COMMONS BLVD

STUART FL 34996

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MILLER, BEVERLY P**
STREET ADDRESS **P.O. BOX 725**
CITY-ST-ZIP **JENSEN BEACH FL**

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

TITLE **D** ☐ Delete
NAME **HARRIS, WILLARD B**
STREET ADDRESS **1117 KNOLLWOOD PL**
CITY-ST-ZIP **MARTINSVILLE VA 24112**

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

TITLE ☐ Delete
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

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:

Beverly P. Miller, Pres. BBKJ Inc

Date

Daytime Phone #

Jan 28, 02

CR2E034 (9/01)