2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000002450

1. Entity Name BMCH, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90079 027 ***150.00

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Principal Place of Business 303 SE 17TH ST UNIT 308 OCALA FL 34471 US		Mailing Address 303 SE 17TH ST UNIT 308 OCALA FL 34471 US				
2. Principal Place of Business		3. Mailing Address		(INTERNATIONAL AND SOURCE STATE STA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3287959		Applied For Not Applicable
Zip	Country Zip		Country	5. Certificate of States Bosines Fee Required		
	6. Name and Address of Cu	rent Pegistered Agent		7. Name and Address of New Regis	tered Agent	
	6. Name and Address of Cu	Helit Registered Agent	Name			
ROBERT W	HERNDON	e e e e	Street Address	s (P.O. Box Number is Not Acceptable)		
303 SE 17T	H ST					
UNIT 308						
OCALA FL 34471			City		FL Zip	Code
		<u> </u>		tered agent, or both, in the State of Florida	a. I am familiar v	with, and accept
 The above n the obligation 	amed entity submits this statem ns of registered agent.	ent for the purpose of changing it	s registered office of regis	toto agom, or asse, make a		
SIGNATURE	gnature, typed or printed name of registere	d agent and title if applicable. (NO	TE: Registered Agent signature requ	rired when reinstating)	DATE	
After	E NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	0.00		9. Election Campaign Financ Trust Fund Contribution.	∐ A	Added to Fees
. 154 (J) = , "\$\$1, - 15 %	.9"	AND DIRECTORS	11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11
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	HERNDON, ROBERT W		NAME			
STREET ADDRESS 303 SE 17TH STREET, UNIT 308		Т 308	STREET ADDRESS			
	OCALA FL 34471-4423		CITY-ST-ZIP			
	VP	☐ Delete	TITLE		Cha	ange 🔲 Addition
	HERNDON, PAULA B		NAME			
STREET ADDRESS	303 SE 17TH STREET, UNI	T 308	STREET ADDRESS			
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NAME STREET ADDRESS			STREET ADDRESS	•	•	4
CITY-ST-ZIP			CITY-ST-ZIP			
5/11 51-ZII	of all the information outpo	lind with this filling does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I f	urther certify the	at the information

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. Florida Statutes. Florida Statutes. Florida Statutes in made under oath; that I am an officer or director 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:

Date

Date

Date

Date

Date

Dayline Phone #

SIGNATURE: