

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007024

1. Entity Name

B & J CONSULTING CO.

Principal Place of Business

1190 SUGAR SANDS BLVD., SUITE 617
RIVIERA BEACH FL 33404

Mailing Address

1190 SUGAR SANDS BLVD., SUITE 617
RIVIERA BEACH FL 33404-3142

2. Principal Place of Business

298 WOODALE

3. Mailing Address

298 WOODALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL.

City & State

WELLINGTON FL.

4. FEI Number

65-0547333

Applied For

Not Applicable

Zip

33414

Country

FLA BCH

Zip

33414

Country

FLA BCH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, CHARLES W
1190 SUGAR SANDS BLVD., SUITE 617
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name TURNER CHARLES W.

Street Address (P.O. Box Numbers Not Acceptable)

298 WOODALE

City

WELLINGTON

FL

Zip

33414

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

Charles W. Turner Pres

3/14/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TURNER, CHALRES W	
STREET ADDRESS	1190 SUGAR SANDS BLVD., SUITE 617	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JUDY R	
STREET ADDRESS	1190 SUGAR SANDS BLVD., SUITE 617	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Charles W. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

DATE

1-800 848-9219

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)