

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90948 041 ***150.00

DOCUMENT # P95000087361

1. Entity Name
BONJOUR AND COMPANY, INC.



Principal Place of Business
**140 CHAUCER LANE NORTH
LAKE MARY FL 32746**

Mailing Address
**140 CHAUCER LANE NORTH
LAKE MARY FL 32746**

2. Principal Place of Business
312 KRIDER RD
Suite, Apt. #, etc.

3. Mailing Address
312 KRIDER RD
Suite, Apt. #, etc.

City & State
SANFORD FL.

City & State
SANFORD FL.

4. FEI Number
59-3344276

Applied For
Not Applicable

Zip
32773 Country
Seminole

Zip
32773 Country
Seminole

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

6. Name and Address of Current Registered Agent

**BONJOUR, RICHARD L
140 CHAUCER LANE NORTH
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent
Name **Richard L. Bonjour**
Street Address (P.O. Box Number is Not Acceptable)
312 Krider Rd

City **SANFORD** FL Zip Code **32773**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Bonjour*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BONJOUR, RICHARD L 140 CHAUCER LANE NORTH LAKE MARY FL 32746 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD BONJOUR, DEBORAH L 140 CHAUCER LANE NORTH LAKE MARY FL 32746 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Bonjour, Richard L 312 Krider Rd SANFORD FL. 32773 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD Bonjour, Deborah L 312 Krider Rd SANFORD FL 32773 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE: *Richard Bonjour* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

Daytime Phone #

CR2E034 (10/02)