2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000041552 Feb 28, 2000 8:00 am **Secretary of State BSJ PROPERTIES, INC.** 02-28-2000 90179 023 ***150.00 Principal Place of Business Mailing Address 3073 GULF BREEZE PKWY 3073 GULF BREEZE PKWY GULF BREEZE FL 32561 **GULF BREEZE FL 32561-3245** UŜ US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3397599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jeffirey Dist Boulton Street Address (P.O. Box Number is Not Acceptable) SMITH, G. THOMAS 510 EAST ZARAGOZA STREET 3073 Gulf Breeze PKWY PENSACOLA FL 32501 Zip Code Gulf Breeze 32561 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. Boulton - Treasurer Jeffrev D. 02/14/00 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME BOULTON, BRENDA J NAME STREET ADDRESS STREET ADDRESS 3073 GULF BREEZE PKWY CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change TITLE ☐ Delete TITLE NAME BOULTON, R. SCOTT NAME STREET ADDRESS 3073 GULF BREEZE PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 Delete ☐ Change ☐ Addition TITLE TITLE NAME **BOULTON, JEFFREY D** STREET ADDRESS STREET ADDRESS 3073 GULF BREEZE PKWY CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

ING OFFICER OR DIRECTOR