2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P96000041552

1. Entity Name

BSJ PROPERTIES, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90137 032 ***150.00

Principal Place of Business 3073 GULF BREEZE PKWY GULF BREEZE FL 32561		Mailing Address 3073 GULF BREEZE PKWY GULF BREEZE FL 32561								
US		US					11 111 11 111 11 111 1111		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address			- II					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	☐ CHECK HER	E IF MAKING C	HANGES	;	
City & State		City & State		4. FEI Nu	umber 59-339759	9	\vdash	pplied For ot Applicable]	
Zip •	Country Zi		Cour	ntry	5. Certific	cate of Status Desired	\$8	8.75 Ad	ditional	1
6. Name and Address of Current Registered A			I			7. Name and Address of New Registered Agent				
		~~~~~~		=Name=====			-			-
	n, Jeffrey D		Street Address			(P.O. Box Number is Not Acceptable)				
	LF BREEZE PKWY				·		· · · · · · · · · · · · · · · · · · ·			-
GULF BR	EEZE FL 32561									ı
				City			FL	Zip Cod	le	
8. The above	e named entity submits this statement t	or the purpose of ch	anging its register	ed office or regist	ered agent, or	r both, in the State of F	lorida. I am fan	niliar with,	and accept	1
the obliga	ations of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	ad Agent signature require	ed when reinstating	g)	DATE			
	FILE NOW!!! FEE IS \$150.00				9.	. Election Campaign F	inancing	\$5.0	00 May Be	
	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					Trust Fund Contribut			d to Fees	
10.	OFFICERS AND DIRECTORS			<del></del>	ADDITIO	NS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	$\frac{1}{2}$
TITLE	D	D	elete TITL					] Change	Addition	8
NAME	BOULTON, BRENDA J		NAM	ΙE				- •		90
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	GULF BREEZE FL 32561			'-ST-ZIP				7.0	from a cons	CR2E034 (10/02)
TITLE NAME	D   BOULTON, R. SCOTT	□ D	elete TITLE				L	] Change	Addition	5
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CITY-ST-ZIP	GULF BREEZE FL 32561		CITY	'-ST-ZIP						
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NAME			NAME							
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PACUTE AND TYPED OR PRINCIPLE NAME OF SIGNING OFFICER OR DIRECTOR

1/22/6

Daytime Phone #