## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 01, 2001 8:00 am DOCUMENT # P96000078227 1. Entity Name **Secretary of State** BFOL, INC. 03-01-2001 90026 001 \*\*\*150.00 Principal Place of Business Mailing Address 6655 GARDEN ROAD C/O ALFRED DEMOTT RIVIERA BEACH FL 33404 6655 GARDEN RD 3 % J U U U RIVIERA BCH FL 33404 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0705852 Not Applicable Zio Country 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 D'ANGIO, ROBERT A JR Street Address (P.O. Box Number is Not Acceptable) 685 ROYAL PALM BEACH BLVD SUITE 105 **ROYAL PALM BEACH FL 33411** City Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME SMITH, MILTON L NAME STREET ADDRESS STREET ADDRESS 7006 68TH ST CITY-ST-ZIP CITY-ST-ZIP LUBBOCK TX 79424 D ☐ Delete TITLE ☐ Change Addition NAME MINOR, JOSEPH E NAME STREET ADDRESS STREET ADDRESS P O BOX 603 N/A CITY-ST-ZIE CITY-ST-ZIP ROCKPORT TX 78381 TITLE Delete TITLE Change Addition NAME NORVILLE, H. SCOTT NAME STREET ADDRESS 8107 FLINT AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUBBOCK TX 79424 TITLE ☐ Delete TITLE Change Addition NAME BEERS, DEBRA A NAME STREET ADDRESS 8631 STEEPLECHASE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 21.2

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #