

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0351435
 AV

03-13-2002 90022 020 ***150.00

DOCUMENT # **P96000078227**

1. Entity Name
BFOL, INC.

Principal Place of Business
**6655 GARDEN ROAD
 RIVIERA BEACH FL 33404
 US**

Mailing Address
**C/O ALFRED DEMOTT
 6655 GARDEN RD
 RIVIERA BCH FL 33404
 US**

J U S T I C E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0705852**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ANGIO, ROBERT A JR
 685 ROYAL PALM BEACH BLVD
 SUITE 105
 ROYAL PALM BEACH FL 33411**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	SMITH, MILTON L 7006 68TH ST LUBBOCK TX 79424
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	MINOR, JOSEPH E P O BOX 603 N/A ROCKPORT TX 78381
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	NORVILLE, H. SCOTT 8107-FLINT-AVE LUBBOCK TX 79424
TITLE NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	BEERS, DEBRA A 8631 STEEPLCHASE DR PALM BEACH GARDENS FL 33418
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

TITLE NAME	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Paul E. Beers 5795 Flat Rock Ridge Rd Blairsville, GA 30512
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *X Milton L Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(561) 881-0020**

CR2E034 (9/01)