

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 31 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000085602

1. Entity Name

BJR Investment Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 N. Military Trail

3. Mailing Address

2600 N. Military Trail

Suite, Apt. #, etc.

270

Suite, Apt. #, etc.

270

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-0708120

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Richard S. Lehman

Street Address (P.O. Box Number is Not Acceptable)

2600 N. Military Trail, Suite # 270

City Boca Raton,

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P,S,T,D - Richard S. Lehman
2600 N. Military Trail, Suite # 270
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000022296310
08/14/03--01002--031 **\$61.25

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IN THIS SPACE**

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 on an attachment with an address with which I am employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

561-368-1113

Date

Daytime Phone #

CR2E034B (12/02)