## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P96000095841

Mailing Address

2075 CANTEDDIDY DDIVE

1. Entity Name

BJB HOLDINGS, INC.

Principal Place of Business



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90179 042 \*\*\*150.00

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State							
					CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0710828 Applied For Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status (		Fee Required		
	6. Name and Address of Curre	nt Registered Agent	عم ينومسموري		7. Name and Address	of New Registered Ag	ent		
				Name					
JACK, JOSEPH E 3075 CANTERBURY DRIVE				Street Address	t Address (P.O. Box Number is Not Acceptable)				
	ON FL 33434			1.5%					ĺ
DOORTO	101112 50401			City		FL	Zip Code	,	}
	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered ag			ed Agent signature requi		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGE	TO OFFICERS AND I	DIRECTORS		5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERG, MICHAEL 4325 INTRACOSTAL DR. HIGHLAND BEACH FL 33487	□ (	_	1		•	Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACK, JOSEPH E 3075 CANTERBURY DR. BOCA RATON FL 33433						Change	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2001191191112						☐ Change	Addition	

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.

TITLE

NAME

TITLE

NAME

STREET. ADDRESS

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

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WEST PRECTOR

Jeh- 15 2003

561-488-261

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