2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000104590 BFK ENTERPRISES, INC. 04-04-2001 90138 039 ***150.00 Principal Place of Business Mailing Address 1502-S.E. 32ND STREET 1502 S.E. 32ND STREET CAPE_CORAL_FL 33904 CAPE CORAL FL 33904 00031112 2. Principal Place of Business 3. Mailing Address 12178 SIESHA DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0714047 Not Applicable \$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 BLAIN, GERARD JR. Street Address (P.O. Box Number is Not Acceptable) 1502 S.E. 32ND STREET SIESTA DRIVE CAPE CORAL FL 93904 MERS 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete BLAIN, GERARD JR. BLAIN, GERARD JR. NAME 12178 SIESTA DRIVE STREET ADDRESS 1502-S.E. 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT MIKES BEACK, FL GAPE CORAL FL 33904 TITLE TITLE ☐ Delete ☐ Change FERNALD, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 1403 TREASURE ISLAND RD. CITY-ST-7IP CITY-ST-ZIP WEBSTER MA 01570 🗷 Change ☐ Addition TITLE Delete TITLE KEITH, RICLARD L. NAME = : KEITH, RICHARD L NAME 701 DRIFTWOOD DRIVE STREET ADDRESS 1820 KINGSTON RD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP HINCOLN NE TITLE ☐ Delete TITLE ☐ Addition NAME DESASUTELS, ROLAND J III NAME STREET ADDRESS 54 GREEN AVE STREET ADDRESS CITY-ST-ZIP **BARRINGTON RI** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

MAR 04,01