

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028069

1. Entity Name

B & J DISTRIBUTORS, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90219 031 ***150.00

Principal Place of Business

165 NORMAN DRIVE
TALLAHASSEE FL 32304
US

Mailing Address

165 NORMAN DRIVE
TALLAHASSEE FL 32304
US

2. Principal Place of Business

165 NORMAN DR.
Suite, Apt. #, etc.

3. Mailing Address

165 NORMAN DR
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL

Zip

32304

Country

LEON

Zip

32304

Country

LEON

4. FEI Number

59-3435738

Applied For

Not Applicable

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

HAYNES, JACK G
4531 ARGYLE LANE
TALLAHASSEE FL 32308

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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME D
STREET ADDRESS SWEET, ROBERT C
CITY-ST-ZIP 6731 BEACH DRIVE
PANAMA CITY BEACH FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYNES, JACK G
CITY-ST-ZIP 4531 ARGYLE LANE
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK G. HAYNES

4/26/2001

850-580-2021

Daytime Phone #

CR2E034 (10/00)