2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P97000032356** 1. Entity Name BMC CLASSICS, INC. 03-20-2000 90137 021 ***150.00 Mailing Address Principal Place of Business 828 N. DIXIE FREEWAY 828 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168-6414 C0040680 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0745095 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUMER, BARRY N Street Address (P.O. Box Number is Not Acceptable) 101 YELKCA TERR., STE. B EDGEWATER FL 32132 Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE BRANDNER, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 110 YELKCA TERR. CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32132** ☐ Change ☐ Addition TITL F ☐ Delete TITLE BRANDNER, EVA NAME NAME STREET ADDRESS STREET ADDRESS 110 YELKCA TERR. CITY-ST-7IP CITY-ST-ZIP **EDGEWATER FL 32132** __ Change Addition TITLE TITLE--Delete AFTUCK, ED NAME NAME STREET ADDRESS STREET ADDRESS 824 A N. DIXIE HWY. CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

DO BOUGLOS EVA BRANDNER

03-15-2000 (904)4

(904)426-6405 Daylure Phone in