## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P97000062728 DOCUMENT #

1. Entity Name

B & S FLORIDA REAL ESTATE INC.



## **FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90217 050 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE CITY-ST-ZIP  TITLE CHANGE Addition Addition Addition Addition TITLE Delete TITLE Delete TITLE Delete TITLE					7		
US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  A. FEI Number 59-3458737  Applied For Not Applicable S8.75 Address  S8.75 Address  S8.75 Andress  Search Address of Current Registered Apent  7. Name and Address of New Registered Apent  Name  Name  Name  Name  City & State  City & FL Zio Code  8. The above named cirth submits, this statement for the purpose of changing it registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  Septim. Injury of printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or impliced in Sportane.  FILL Product or printing free or implication or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  FILL Product or printing free or implication or implication or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation or registered agent, or both, in th	2733 EAST SEMORAN BLVD.		P.O. BOX 916466				
Suite, Apt. 4, etc.  City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  HDDGES, GEORGE EA2 220 99UTH C.R. 427, SUITE 116 LONGWOOD FL 32750  City  FL Zin Code  8. The above named entity submigs this statement for the purpose of changing its registered Agent per designed of registered agent.  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florifab Department of State  SEFAHANI, RAY  THE  STEPH ADDRESS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE  MAKE  SEFAHANI, RAY  STIET JOURSS  OTH 51-7P  THE  MAKE  STIET JOURSS	us						
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Zip Country	Suite, Apt: #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Country	City & State		City & State		4. FEI Number 59-3458737		
Name    Name	Zip	Country	Zip	Country		8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)    City	6. Name and Address of Current Registered Agent						
250_9OUTH C.R. 427, SUITE 116 LONGWOOD FL 32750  8. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symmum, types or printed name of registered agent was titled it expicable.   (NOTE flegistered Agent symmum required when nontating)   DATE	HODOES OFOROE EA	•		Name	Name		
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City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature typed or printed name of registered agent and stee # applicable.   (NOTE Registered Agent signature masked when rematating)   DATE				<del>                                     </del>			
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**SIGNATURE:** 

<del>Pi</del>EQUIRED SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

Daytime Phone #