

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90016 041 ***150.00

DOCUMENT # P97000072689

1. Entity Name
B 'N' A ENTERPRISES, INC.

Principal Place of Business
14237 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224

Mailing Address
14237 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224

2. Principal Place of Business
1520 SAWGRASS VILLAGE DR.
 Suite, Apt. #, etc.

3. Mailing Address
1520 SAWGRASS VILLAGE DR.
 Suite, Apt. #, etc.

City & State
PONTE VEDRA BEACH, FL
 Zip
32082
 Country
USA

City & State
PONTE VEDRA BEACH, FL
 Zip
32082
 Country
USA

4. FEI Number
59-3465360

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SILVA, ADAM L
14237 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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 Adam L. Silva DATE 1.25.02
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVD
SILVA, BRUCE D
14237 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
SILVA, ADAM L
14237 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE FL 32224 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
SILVA, ADAM L
13942 SANDHILL CRANE DR. S.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

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

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

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

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

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: Adam L. Silva ADAM L. SILVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.25.02 (904) 280-7188
Date Daytime Phone #

CR2E034 (9/01)