

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90381 004 ***150.00

DOCUMENT # P97000079518

1. Entity Name
B & J ATLANTIC, INC.

Principal Place of Business 4853 WHITE BLUFF DRIVE JACKSONVILLE FL 32225	Mailing Address 5050 STEPP AVE JACKSONVILLE FL 32216-6054
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2. Principal Place of Business 4491 Swilcan Bridge Suite, Apt. #, etc. Lane, North	3. Mailing Address 4491 Swilcan Bridge Ln N. Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 59-3475986	Applied For <input type="checkbox"/> Not Applicable
Zip 32224-5618	Country USA	Zip 32224-5618	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KNAPP, CHARLES
4853 WHITE BLUFF DRIVE
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
 Name **KNAPP, CHARLES**
 Street Address (P.O. Box Number is Not Acceptable)
4491 SWILCAN BRIDGE LANE N.
 City **JACKSONVILLE** **FL** Zip Code **32224-5618**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	PTS MINH-TRANG DANG 4853 WHITE BLUFF DRIVE JACKSONVILLE FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE **5/1/00** **(904) 642-4431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)