

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90006 016 ***550.00

DOCUMENT # P97000087165

1. Entity Name
BFT ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business BOBBIE AVENUE FL 33813	Mailing Address 4930 BOBBIE AVENUE LAKELAND FL 33813-3103
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2. Principal Place of Business 5437 Yarborough Lane	3. Mailing Address 12311 E. Cornell Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 23
City & State Lakeland, FL	City & State Aurora, CO
Zip 33813	Country USA
Zip 80014-3323	Country USA

4. FEI Number 91-1862846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REHER, BEBORA C
4930 BOBBIE AVENUE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: **Debora C. Reher**

Street Address: **2311 Rogers Rd.**
(P.O. Box Number is Not Acceptable)

City: **Lakeland** **FL** Zip: **33813**

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: *Debora C. Reher* DATE: **05-20-00**

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, 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	PD TRAYNOR, MICHAEL W 4930 BOBBIE AVENUE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAYNOR, BRENDA F 4930 BOBBIE AVENUE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REHER, DEBORA 2993 S. PEORIA ST. #G7 AURORA FL 80014-5705	<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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Traynor, Michael W. 5437 Yarborough Lane Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Debora C. Reher 12311 E. Cornell Ave. #23 Aurora, CO 80014-3323	<input checked="" 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
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

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: *Debora C. Reher* **Debora C. Reher** Date: **05-20-00** Daytime Phone #: **303-750-4930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)