2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000022364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SIGNATURE:



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90185 001 ***150.00

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BFS MAN	NAGEMENT SERVICES, INC.								
Principal Pla 901 DONALD JUNO BEACH		Mailing Address 901 DONALD ROSS ROAD JUNO BEACH FL 33408							
2. Principal I	Place of Business	3. Mailing Address			() ()		LIN CON POLIT	JAR INTER INIE	Cidi Cici (19)
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State		4. FEI Number 65-0827775				oplied For ot Applicable	
Zip	Country	Zíp	Country		5. Certifica	ate of Status Desired		8.75 Add	ditional
 	6. Name and Address of Current R	egistered Agent	z		7 Name a	nd Address of New I		<u>_</u>	-
			Nam	ne					
BURDETT, F.R. 901 DONALD ROSS ROAD			Stree	et Address (P	(P.O. Box Number is Not Acceptable)				
JUNO BE	ACH FL 33408								
			City				FL	Zip Cod	e e
	named entity submits this statement for tions of registered agent.	the purpose of changing	its registered offic	e or registere	d agent, or b	both, in the State of FI	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (N	OTE: Registered Agent si	ignature required v	vhen reinstating)		DATE		
	ILE NOW!!! FEE IS \$150.00								
Afte	r May 1, 2003 Fee will be \$550.00 Repartment of Section 1.	State			1	Election Campaign Fi Frust Fund Contribution			O May Be I to Fees
10.	OFFICERS AND D		11.		ADDITION	S/CHANGES TO OFF	ICERS AND (DIRECTORS	S IN 11
TITLE	PCMD	☐ Delete	TITLE			<u> </u>		☐ Change	Addition
NAME	BURDETT, F R	•	NAME						ſ
STREET ADDRESS	901 DONALD ROSS ROAD		STREET ADDRE	SS					}
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP						
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STREET ADDRESS	901 DONALD ROSS ROAD		STREET ADDRE	ss				·	}
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NAME		—· -	NAME	1			•	·	_
STREET ADDRESS			STREET ADDRES	ss					}
CITY-ST-ZIP		·	CITY-ST-ZIP						
indicated of the cor	certify thát the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that ered to execute this repo	t my signature sha ort as required by 0	ill have the sa	ime lenal Affa	ect as if made under a	nathi that I am	i an Officer (or director 1