

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90344 030 ***150.00

0369910 AV

DOCUMENT # P98000073480

1. Entity Name
BAM MANUFACTURING, INC.



Principal Place of Business
**9134-D SOUTHWEST 20TH PLACE
FORT LAUDERDALE FL 33324**

Mailing Address
**9134-D SOUTHWEST 20TH PLACE
FORT LAUDERDALE FL 33324**



2. Principal Place of Business
8421 SW 39 Court
Suite, Apt. #, etc.

3. Mailing Address
8421 SW 39 Court
Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number **65-0862486**

Applied For
Not Applicable

Zip Country
33328 USA

Zip Country
33328 USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **Gerald McCallum**
Street Address (P.O. Box Number is Not Acceptable)
8421 SW 39 Court
City **DAVIE** FL Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gerald McCallum**
(NOTE: Registered Agent signature required when reinstating)

4-25-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCCALLUM, GERALD L
STREET ADDRESS	9134-D SOUTHWEST 20TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33324
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADDRESSES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCallum, Gerald L.
STREET ADDRESS	8421 SW 39 Court
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (954) 916-4434
Date Daytime Phone
800-224-9323 X 245

CR2E034 (10/02)