

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 003 ***150.00

DOCUMENT # **P98000093029**
1. Entity Name
B.N.L. ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2601 GULF BLVD
Suite, Apt. #, etc.

3. Mailing Address
2279 Willow Brook DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Indian Rocks Beach, FL

City & State
CLEARWATER, FL 33764

FBI Number
59-3539842

Applied For
Not Applicable

Zip
33785

Country
USA

Zip
33764

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edward S Hirst

Street Address (P.O. Box Number is Not Acceptable)
2279 Willow Brook Dr

City
Clearwater FL Zip
33764

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 **Edward S Hirst** **EDWARD S. HIRST President** **7-26-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25---
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	P/D Edward Hirst 2279 Willow Brook Dr Clearwater, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Young S Hirst 2279 Willow Brook Dr Clearwater, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward S Hirst** **EDWARD S. HIRST President** **4-26-02** **727-591-8913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)