

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093033

1. Entity Name  
B & M TECHNICAL SERVICES, INC.Principal Place of Business  
3902 HENRY ROWELL ROAD  
PLANT CITY FL 33566Mailing Address  
3902 HENRY ROWELL ROAD  
PLANT CITY FL 33566

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State

Zip Country

4. FEI Number 59-3546098  
Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CONNELL, STEPHEN G  
111 MASON ST  
BRANDON FL 33511

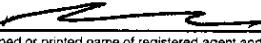
## 7. Name and Address of New Registered Agent

Name Frank R. Lawrence Jr.

Street Address (P.O. Box Number is Not Acceptable)

3902 Henry Rowell Rd.  
City Plant City FL Zip Code 33566

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 

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAWRENCE, FRANKLIN RAY JR 3902 HENRY ROWELL ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE, MAUREEN 3902 HENRY ROWELL ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U-44-04

813-737-3883

Date

Daytime Phone #

CR2E034 (9/01)