

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000104227**

i. Entity Name
BJM SERVICES, INC.



Principal Place of Business
**11351 ALLIGATOR TRAIL
LAKE WORTH FL 33467**

Mailing Address
**11351 ALLIGATOR TRAIL
LAKE WORTH FL 33467**

FILED

03 JUL 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0881072**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, BETTY J
11351 ALLIGATOR TRAIL
LAKE WORTH FL 33467**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILLER, BETTY J
11351 ALLIGATOR TRAIL
LAKE WORTH FL 33467** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400021783964
07/25/03--01019--029 **150.00** ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Subj: **RE: P98000104227**
Date: 7/7/2003 11:31:33 AM Eastern Daylight Time
From: corphelp@dos.state.fl.us
To: Bettyjmiller1@cs.com
Received from Internet: [click here for more information](#)

Our records show that payment was not captured. I suggest sending a complete report, your receipt, and a check for \$150 to Division of Corporations, PO Box 6927, Tallahassee, FL. 32314.

Internet Access

-----Original Message-----

From: Bettyjmiller1@cs.com [mailto:Bettyjmiller1@cs.com]
Sent: Monday, July 07, 2003 9:57 AM
To: corphelp@mail.dos.state.fl.us
Subject: P98000104227

BJM Services, Inc.
11351 Alligator Trail
Lake Worth, FL 33467
561 333 6015

On February 19, 2003, I filed my 2003 UBR online and was given tracking number 500012798715.

Last week in the mail, I received another 2003 UBR to be filed with a filing fee of \$550.00.

Please advise what the problem is.

Thank you.

Betty Miller