FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90946 028 ***150.00

DOCUMENT # P99000005767

1. Entity Name
B & J ENTERPRISES OF CENTRAL FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1011 Seaway Drive	1011 Seaway Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL,	City & State: FORT PIERCE, FL
Zip: 34949 Country: USA	Zip: 34949 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894648 ☐ Applied For ☐ Not Applicable

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: BRENDA E. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 1011 SEAWAY DRIVE
City: FORT PIERCE **FL** Zip Code: 34949

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 x Brenda Johnson Roth 4-9-03
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) ☐

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	P	TITLE	
NAME	BRENDA E. JOHNSON	NAME	
STREET ADDRESS	1011 SEAWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34949	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JAMES ROTH	NAME	
STREET ADDRESS	1011 SEAWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34949	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Brenda Johnson Roth 4-9-03 772-460-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #