

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031266

1. Entity Name

BJS SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90142 006 ***158.75

Principal Place of Business

POST OFFICE BOX 6093
SPRING HILL FL 34611

Mailing Address

POST OFFICE BOX 6093
SPRING HILL FL 34611-6093

2. Principal Place of Business

10469 CAPTAIN DR.

3. Mailing Address

P.O. Box 6093

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL 34608

City & State

Spring Hill, FL

4. FEI Number

59-3570198

Applied For

Not Applicable

Zip

Country

34608 USA

Zip

Country

34611-6093 USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, BARBARA J
5520 BAFFIN CIRCLE
SPRING HILL FL 34606

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.

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Pres, TREAS.
NAME: John F. Scott
STREET ADDRESS: 10469 CAPTAIN DR
CITY-ST-ZIP: Spring Hill, FL 34608

☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V.P. Sec.
NAME: BARBARA J. Scott
STREET ADDRESS: 10469 CAPTAIN DR
CITY-ST-ZIP: Spring Hill, FL 34608

☐ Delete

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

352-779-3331

CR2E034 (9/99)