FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P99000061383 1. Entity Name BNA ACQUISITION COMPANY, INC. 03-29-2001 90399 021 \*\*\*150.00 Principal Place of Business Mailing Address 1301 CONCORD TERRACE P.O. BOX 559001 UUUGGJGJ SUNRISE FL 33323 FORT LAUDERDALE FL 33355-9001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0934489 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name JORDAN, BRUCE A Street Address (P.O. Box Number is Not 1301 CONCORD TERRACE SUNRISE FL 33323 ouncise 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITI F ☐ Change Addition NAME WAGNER, KARL B STREET ADDRESS STREET ADDRESS 1301 CONCORD TERRACE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE Delete Change Change ☐ Addition NAME Gillon, Brian, T. NAME GILLON, BRIAN T STREET ADDRESS STREET ADDRESS 1301 concord Terr 1301 CONCORD TERRACE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE TIŤLĖ Delete ☐ Change \*\*\* NAME JORDAN, BRUCE A NAME STREET ADDRESS 1301 CONCORD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 SIG

of signing officer of directo

3)14/01

964-384-0125 x 5229

Daytime Phone #