

90 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084410

1. Entity Name

BHI JAX, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

04-25-2000 90117 009 ***150.00

Principal Place of Business

Mailing Address

SKY HARBOR
ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225

C/O SKY HARBOR
855 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225-7309



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2193504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHERN, FRED L JR.
2215 S. 3RD ST., STE. 101
JACKSONVILLE BEACH FL 32250

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
ST-ZIP	EDWARDS, SPENCE J	855 ST. JOHNS BLUFF RD.	JACKSONVILLE FL 32225						
ST-ZIP									
ST-ZIP									
ST-ZIP									
ST-ZIP									
ST-ZIP									

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

4/18/00

704
641-8555

Date

Daytime Phone

CR2E034 (9/99)