

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90010-050-\$550.00-\$550.00

DOCUMENT # P99000101904

FILED

00 SEP 26 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

B&J RACING KENNELS, INC.

Principal Place of Business

756-1 BAISDEN ROAD
JACKSONVILLE FL 32218

Mailing Address

756-1 BAISDEN ROAD
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMBERT, CATHIE
756-1 BAISDEN ROAD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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's 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	President & Treasurer, Director	<input type="checkbox"/> Delete
NAME	William M. Lambert II	
STREET ADDRESS	756-1 Baisden Rd.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Cathie M. Lambert	
STREET ADDRESS	756-1 Baisden Rd.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	Director	<input type="checkbox"/> Delete
NAME	David D. Burton Jr.	
STREET ADDRESS	1510 Chateau Wood Dr.	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Cathie M. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathie M. Lambert.

9-8-00

Date

904-798-3425

Daytime Phone #