

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10385

1. Entity Name

BDR ASSOCIATES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90070 004 ***150.00

Principal Place of Business

Mailing Address

~~5266 HIGHWAY AVENUE~~
~~JACKSONVILLE FL 32254~~

~~5266 HIGHWAY AVENUE~~
~~JACKSONVILLE FL 32254-0679~~

2. Principal Place of Business

12807 San Jose Blvd.

3. Mailing Address

12807 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3035630

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

32223

Country

USA

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

RICHARDSON, MICHAEL C.

~~5266 HIGHWAY AVENUE~~

~~967 BAYSIDE BLUFF RD.~~

~~JACKSONVILLE FL 32259~~

Name

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

12807 SAN JOSE BLVD

City JACKSONVILLE

FL

Zip Code

32223

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 DP ☐ Delete
NAME BELL, A. QUINN
STREET ADDRESS ~~815 SO MAIN ST~~
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12807 San Jose Blvd.
CITY-ST-ZIP 32223

TITLE DST ☐ Delete
NAME RICHARDSON, MICHAEL C.
STREET ADDRESS ~~815 SO MAIN ST~~
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12807 San Jose Blvd
CITY-ST-ZIP 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 689, 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: X **SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)