## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # S51232 1. Entity Name BJD ENTERPRISES, INC. 02-20-2002 90009 046 \*\*\*158.75 Principal Place of Business Mailing Address P O BOX 813 P O BOX 813 B0028055 WAUCHULA FL 33873 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0264046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLEOD, MARY J. Street Address (P.O. Box Number is Not Acceptable) 182 BOYD COWART ROAD WAUCHULA FL 33873 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE ☐ Delete MCLEOD, MARY J. NAME NAME 182 Boyo COWART RO P O BOX 813, HWY 664B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA FL CITY-ST-ZIP Wauchula, Fl. 33873-0813 Mcleon Buston DARWIN, SR. Phange P.O. Box 813 182 Boyo Cowast RO TITLE ☐ Delete TITLE NAME MCLEOD, BURTON D. NAME STREET ADDRESS P O BOX 813, HWY 664B STREET ADDRESS Wanchula, Fl. 33873-0813 CITY-ST-7IP WAUCHULA FL CITY-ST-ZIP McLeoo, Button DARWIN, JR Change P.O. Box 813 182 Boyo Compair Rd. Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empewered 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 attachme

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