

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76054

1. Entity Name

B J COMPUTER MARKETING, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90128 006 \*\*\*150.00

Principal Place of Business

200 SOUTHFIELD RD  
A  
PANAMA CITY BEACH FL 32413  
US

Mailing Address

200 SOUTHFIELD RD  
A  
PANAMA CITY BEACH FL 32413-3208  
US

2. Principal Place of Business

16800 Junipero Ave  
Suite, Apt. #, etc.

3. Mailing Address

16800 Junipero Ave.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

4. FEI Number

59-3080843

Applied For

Not Applicable

Zip

Country

32413

Bay

Zip

Country

32413

Bay

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

MIESSE, BETTY J.  
200 A SOUTHFIELD ROAD  
PANAMA CITY BEACH FL 32413

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

*Betty J. Miesse*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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	P	<input type="checkbox"/> Delete
NAME	MIESSE, BETTY J.	
STREET ADDRESS	200 A SOUTHFIELD RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Miesse	
STREET ADDRESS	16800 Junipero Ave	
CITY-ST-ZIP	Panama City Beach, FL 32413	
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		
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		

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:

*Betty J. Miesse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 850-230-8464

CR2E034 (9/99)