2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17832

1. Entity Name

BSJ SERVICES INC.

FILED May 15, 2001 8:00 am Secretary of State 05-15-2001 90138 003 ***150.00

		- <u></u>				
Principal Place of Business 1624 WOOD VIOLET DR. ORLANDO FL 32824 US		Mailing Address P.O. BOX 430321 KISSIMMEE FL 34743 US		·		
				A MARKA BAKBAN MARKA MARKA ISABA NAMBA MARKA BARKA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3147942 Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
		·	Name			
LITTLER, BARRY 1624 WOOD VIOLET DR. ORLANDO FL 32824			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
SIGNATURE .	Signature, typed or printed name of registered a		DTE: Registered Agent signature requ			
 Tax.filling t 	oration is eligible to satisfy its Intanç requirement and elects to do so. ria on back)	After MAY 1, 2	V!!!_FEE.IS \$150,00== 2001 Fee will be \$550.0 able to Department of \$	Trust Fund Contribution Added to Fees		
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLER, BARRY 1624 WOOD VIOLET DR. ORLANDO FL	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLER, SANDRA 1624 WOOD VIOLET DR. ORLANDO FL	. ´ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 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 anodress, with all other like empowered.

SIGNATURE: 🗠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR