

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # V29046****1. Entity Name**  
BMW & ASSOCIATES INC.**Principal Place of Business**

4241 S.E. 53RD AVE.

OCALA  
34480

FL

US

**Mailing Address**

P.O. BOX 291

OCALA  
34478

FL

**2. Principal Place of Business**

4380 S.E. 53RD AVE.

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

OCALA

FL

**City & State**

OCALA

Zip  
34480Country  
US

Zip

Country

**4. FEI Number****59-3119931**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MULLIS KATHY  
4241 S.E. 53RD AVE.OCALA  
34480

FL

US

**7. Name and Address of New Registered Agent****Name**

MULLIS KATHY

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

4380 S.E. 53RD AVE.

City  
OCALA

FL

Zip Code  
34480**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 KATHY MULLIS**

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

(NOTE: Registered Agent signature required when reinstating)

**05/01/2000**

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**

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34480	<input type="checkbox"/> Delete
		MULLIS KATHY	4241 S.E. 53RD AVE.	OCALA			

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34480	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		MULLIS KATHY	4380 S.E. 53RD AVE.	OCALA				

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

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

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

**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:** Kathy Mullis

P 05/01/2000