2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90023 046 ***158.75

00002005

DO NOT WRITE IN THIS SPACE

DOCUMENT # 647973

1. Entity Name
I.B.B., INC.

Principal Place of Business	Mailing Address
~~1102 E. 139TH AVE~~ TAMPA FL 33613	~~1102 E. 139TH AVE~~ TAMPA FL 33613

2. Principal Place of Business		3. Mailing Address	
14829 N. Florida Ave.		14829 N. Florida Ave	
Suite, Apt. #, etc. Tampa, Fla		Suite, Apt. #, etc.	
City & State 33613		City & State Tampa, Fla	
Zip 33613	Country U.S.	Zip 33613	Country U.S.

4. FEI Number 59-1948648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKETT, DONALD L
~~1102 E 139TH AVE~~ 14829 N. Florida Ave
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name Donald L. Burkett
Street Address (P.O. Box Number is Not Acceptable) 14829 N. Florida Ave.
Tampa, Fl 33613
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 [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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, DONALD L ~~1102 E. 139TH AVE~~ TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 14829 N. Florida Ave. Tampa Fla 33613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENOVESE, DON 1910 DEER LAKE LUTZ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)