

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90184 031 ***150.00

DOCUMENT # 665329

1. Entity Name
W.B.B. UTILITIES, INC.

Principal Place of Business 4116 BAIR AVE. FRUITLAND PARK FL 34731	Mailing Address 4116 BAIR AVE. FRUITLAND PARK FL 34731-5616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1992465	Applied For
City & State		City & State			Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAIR, RICHARD E. 4116 BAIR AVE. FRUITLAND PARK FL 34731			7. Name and Address of New Registered Agent		
			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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAIR, RICHARD E			NAME	WILLIAM HALL		
STREET ADDRESS	4116 BAIR AVE.			STREET ADDRESS	3616 CHELSEA ST.		
CITY-ST-ZIP	FRUITLAND PARK FL			CITY-ST-ZIP	ORLANDO, FL.		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, MOLLY W			NAME			
STREET ADDRESS	4116 BAIR AVE.			STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND PARK FL			CITY-ST-ZIP			
TITLE	DAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, R. STANLEY			NAME			
STREET ADDRESS	04223 BAIR AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND APRK FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, VICKI S.			NAME			
STREET ADDRESS	04223 VAIR AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND APRK FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, NANCY W			NAME			
STREET ADDRESS	4128 BAIR AVE			STREET ADDRESS			
CITY-ST-ZIP	FRUTLAND PARK FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, BEVERLY DIANE			NAME			
STREET ADDRESS	3616 CHELSEA STREET			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			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: Richard E. Bair RICHARD E. BAIR 02-03-00 352-787-4347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)