

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90130 013 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1992465**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BAIR, RICHARD E.
4116 BAIR AVE.
FRUITLAND PARK FL 34731

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 _____

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, RICHARD E	NAME	
STREET ADDRESS	4116 BAIR AVE.	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	CITY-ST-ZIP	
TITLE	SD	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	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	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	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	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, PRESIDENT** 1-10-02 352-787-4347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)