DOCUMENT # M52092  1. Entity Name B B & B MANAGEMENT CONSULTANTS, INC.  Principal Place of Business Mailing Address  12011 CLEVELAND AVENUE, UNIT #6 FT. MYERS FL 33907  MAILING ADDRESS  12011 CLEVELAND AVENUE, UNIT #6 FT. MYERS FL 33907						FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90073 012 ***150.00					
2. Principal P	Place of Business	3. Mailing Address									.■· =:::: :=::::::::::::::::::::::::::
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Ştate		City & State			4. FEI Number 65-0017331 Applied For Not Applicable						
Zip	Country	Zip	Country		<b>5.</b> Ce	ertificate of Statu	ıs Desired		\$8.75 Add		
30 S	6. Name and Address of Curren NS.; HOMER: F-II	t Registered Agent		Name Street Address (I		ame and Addre			Agent  Zip Cod	e	
9. This corporate filing	e named entity submits this statement  Signature, typed or printed name of registered ager  pration is eligible to satisfy its Intangib requirement and elects to do so.  ria on back)	nt and title if applicable. (NOTE	E: Registered	d Agent signature required  IS \$150.00  will be \$550.00	when rein	nstating)		DATE		OO May Be	(00)
11.	OFFICERS ANI	D DIRECTORS	12.	·		DITIONS/CHANG	SES TO OFF	ICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATHROP, LLOYD L JR 3 OLE MUSKET RD CUMBERLAND FONSIDE ME 04	□ Delete		· I					☐ Change	Addition	E034 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOHERTY, MICHEAL J 28396 SOMBRERO DR BONITA SPRINGS FL 33923	☐ Delete	1	i i					☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOWNS, HOMER F II 30 SPORTSMAN LANE ROTUNDA WEST FL 33947	☐ Delete				->-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOUSEN WEST TE SSOTT	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	:					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i					☐ Change	☐ Addition	
13. I hereby certify that the information supplied with this filling 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 AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date											

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