


**AMENDED AND RESTATED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 DEC -4 PM 3:58

DOCUMENT # M52092
1. Entity Name
B B & B MANAGEMENT CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12011 Cleveland Avenue		3. Mailing Address 12011 Cleveland Avenue	
Suite, Apt. #, etc. Unit #6		Suite, Apt. #, etc. Unit #6	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33907	Country USA	Zip 33907	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0017331

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Pam Roach

Street Address (P.O. Box Number is Not Acceptable)
12011 Cleveland Avenue, Unit #6

City
Ft. Myers **FL** Zip Code
33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela J. Roach* DATE **12/2/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lloyd L. Lathrop Jr. 3 Ole Musket Road Cumberland, Foreside ME 04110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400025234274
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *L.L. Lathrop* DATE **12/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 346018 4311473
AUTHORIZATION : *Patricia Pajuts*
COST LIMIT : \$ 61.25

ORDER DATE : December 4, 2003
ORDER TIME : 11:01 AM
ORDER NO. : 346018-010
CUSTOMER NO: 4311473
CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

ANNUAL REPORT FILING

NAME: B B & B MANAGEMENT
CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____

RECEIVED
03 DEC -4 PM 12:43
DIVISION OF CORPORATION