

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90045 025 ***150.00

01/14/03 AV

DOCUMENT # P00000011066

1. Entity Name
B B & B INVESTMENTS, INC.



Principal Place of Business Mailing Address

1670 N. NOVA ROAD 1670 N. NOVA ROAD
DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117

90002024



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3619482** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEAZLEY, RICHARD H
1670 N. NOVA ROAD
DAYTONA BEACH FL 32117

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BEAZLEY, RICHARD H I	
STREET ADDRESS	56349 HICKORY RD.	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAZLEY, WANDA M	
STREET ADDRESS	56349 HICKORY RD.	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAZLEY, RICHARD H II	
STREET ADDRESS	3790 CARRICK DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAZLEY, CLAYTON E I	
STREET ADDRESS	1670 N. NOVA RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda M. Beazley* **SIGNATURE REQUIRED** *WANDA M. Beazley 1-10-03 1-386-1524695*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)