

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000104853**

Entity Name  
**B & D MANAGEMENT, INC.**

07/12/00

FILED

00 JUL 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **ALLAPATTAH OR FL 33789**  
Mailing Address: **P.O. BOX 428 LARGO FL 33779-0428**



Principal Place of Business: **2843 Allapattah Dr.**  
City & State: **Clearwater FL**  
Zip: **33761**

DO NOT WRITE IN THIS SPACE  
**05/24/00 90165/010 150.00**  
4. FEI Number: **59-3481971**

8- Name and Address of Current Registered Agent  
**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent:  
Name: **Deanna Greenway**  
Street: **8843 Allapattah Dr.**  
City: **Clearwater FL** Zip Code: **33761**

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: Deanna Greenway Vice-Pres. DATE: 6/30/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete <b>D GREENWAY, DEANNA R P.O. BOX 428 N/A LARGO FL 33779</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <b>D GREENWAY, BURTON P.O. BOX 428 N/A LARGO FL 33779</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: Deanna Greenway DATE: 6/30/00 (127) 789-0363

7/12