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2002 Uniform Business Report (UBR)

Mar 19, 2002 8:00 am DOCUMENT # P99000077216 **Secretary of State** 1. Entity Name 03-19-2002 90005 024 ***150.00 B & B EQUIPMENT CO., INC. Principal Place of Business Mailing Address 3900 NARCISSUS AVE 3900 NARCISSUS AVE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3597219 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEHRENS, WARD Street Address (P.O. Box Number is Not Acceptable) 306 W. LAKEVIEW AVE. LAKE MARY FL 32746 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME BEHRENS, GERALD NAME STREET ADDRESS STREET ADDRESS 306 W. LAKEVIEW AVE. CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BEHRENS, WARD STREET ADDRESS STREET ADDRESS 109 KAYWOOD DR. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEHRENS, CLAUDETTE W NAME STREET ADDRESS STREET ADDRESS 306 W. LAKEVIEW AVE. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . . . ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Claudetto W. Behrens

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

3/6/02 401-688-9480 Dayline Phone #