

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091200

1. Entity Name

C, B & B, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90029 019 ***150.00

Principal Place of Business

357 6TH AVENUE WEST
BRADENTON FL 34203

Mailing Address

357 6TH AVENUE WEST
BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

4110 15th Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton FL

Zip

Country

Zip

Country

34205

4. FEI Number 65-0952763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELLOWES, BRIAN
357 6TH AVENUE WEST
BRADENTON FL 34203

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FELLOWES, BRIAN	
STREET ADDRESS	4110 15TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Fellowes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

K 4/18/01

Daytime Phone #

730-0259

CR2E034 (10/00)