2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 08:00 AM DOCUMENT # **P96000058706** 1. Entity Name **Secretary of State** B.B. ENTERPRISES (ST. PETE), INC. Principal Place of Business Mailing Address 877 EXECUTIVE CENTER DRIVE WEST 877 EXECUTIVE CENTER DRIVE WEST GLADES BUILDING, SUITE 303 GLADES BUILDING, SUITE 303 ST. PETERSBURG ST. PETERSBURG FL. 33702 2. Principal Place of Business 3. Mailing Address 877 EXECUTIVE CENTER DRIVE WEST 877 EXECUTIVE CENTER DRIVE WEST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE GLADES BUILDING, SUITE 303 GLADES BUILDING, SUITE 303 City & State City & State 4. FEI Number Applied For ST. PETERSBURG FL ST. PETERSBURG FL 59-3393872 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33702 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASCARA 877 EXECUTIVE CENTER DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) GLADES BUILDING, SUITE 303 ST. PETERSBURG FL Zip Code FL 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. 04/20/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 TITLE DPVS Delete TILE DPVS X Change ☐ Addition WHARTON ROBERT Н NAME WHARTON ROBERT STREET ADDRESS 4855 FIRST AVENUE NORTH STREET ADDRESS 4855 FIRST AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG 33713 CITY-ST-ZIP ST. PETERSBURG 33713 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition Change

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.

CITY-ST-7/8

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-7IP