

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90139 026 ***150.00

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DOCUMENT # S99782

1. Entity Name

B & B ACRES, INC.



Principal Place of Business
9236 TOLBERT STEPHENS ROAD
ONA FL 33865
US

Mailing Address
5300 GULF DR.
STE 610
HOLMES BEACH FL 34217
US



2. Principal Place of Business

5300 GULF DR

3. Mailing Address

Suite, Apt. #, etc.

610

Suite, Apt. #, etc.

City & State

HOLMES BCH

City & State

Zip

Country

34217

FL

Zip

Country

4. FEI Number

65-0309019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSAS, ROBERT N.
5300 GULF DR. #610
HOLMES BEACH FL 34217

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

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
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 **DP** ☐ Delete
NAME **ROSAS, ROBERT N.**
STREET ADDRESS **5300 GULF DR 610**
CITY-ST-ZIP **HOLMES BCH FL 34217**

TITLE **DVT** ☐ Delete
NAME **ROSAS, BETTY L.**
STREET ADDRESS **5300 GULF DR 610**
CITY-ST-ZIP **HOLMES BCH FL 34217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

ROSAS, ROBERT N.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 8, 03 941 22P 1769

Date Daytime Phone #

CR2E034 (10/02)