

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90076 035 ***150.00

DOCUMENT # 150616

1. Entity Name

B & B INSURANCE SERVICES, INC.

915916



DO NOT WRITE IN THIS SPACE

Principal Place of Business 220 SO. RIDGEWOOD AVE. P O DRAWER 2412 DAYTONA BEACH FL 32115 US	Mailing Address 220 SO. RIDGEWOOD AVE. P O DRAWER 2412 DAYTONA BEACH FL 32115-2412 US
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-0691921	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
---	--

6. Name and Address of Current Registered Agent

GRAMMIG, LAUREL L
401 E. JACKSON STREET, STE 1700
TAMPA FL 33602

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE RD P	<input type="checkbox"/> Delete
NAME BROWN, J HYATT	
STREET ADDRESS 220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE VP	<input type="checkbox"/> Delete
NAME HENDERSON, JIM	
STREET ADDRESS 220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE S, V, D	<input type="checkbox"/> Delete
NAME GRAMMIG, LAUREL L	
STREET ADDRESS 401 E. JACKSON ST. STE 1700	
CITY-ST-ZIP TAMPA FL	
TITLE T	<input type="checkbox"/> Delete
NAME JIM W. HENDERSON	
STREET ADDRESS 220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sam Boone	
STREET ADDRESS 5728 major Blvd, Ste. 450	
CITY-ST-ZIP Orlando FL 32819	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Laurel L. Grammig **2/18/00** **813-222-4277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #