

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 150616

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: B & B INSURANCE SERVICES, INC.

Current Principal Place of Business:

220 SO. RIDGEWOOD AVE.
P O DRAWER 2412
DAYTONA BEACH, FL 32115 US

New Principal Place of Business:

Current Mailing Address:

220 SO. RIDGEWOOD AVE.
P O DRAWER 2412
DAYTONA BEACH, FL 32115 US

New Mailing Address:

P O BOX 1348
TAMPA, FL 33601 US

FEI Number: 59-0691921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, J. HYATT
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: HENDERSON, JIM
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DVPS () Delete
Name: GRAMMIG, LAUREL L
Address: 401 E. JACKSON ST. STE 1700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: WALKER, CORY T
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: BOONE, SAM
Address: 5728 MAJOR BLVD. STE 450
City-St-Zip: ORLANDO, FL 32819

Title: VPAS () Delete
Name: DONEGAN, THOMAS M
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG

VPASD

04/19/2002

Electronic Signature of Signing Officer or Director

_____ Date