2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283234 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name **B & B MANUFACTURING CO INC** 04-28-2000 90033 041 ***150.00 Principal Place of Business Mailing Address 8100 BRYAN DAIRY ROAD NORTH 8100 BRYAN DAIRY ROAD NORTH LARGO FL 33777-1321 LARGO FL 34647 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1112161 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONSEY, LOUIS J Street Address (P.O. Box Number is Not Acceptable) 8100 BRYAN DAIRY RD. LARGO FL 34647 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Delete TITLE ☐ Change ☐ Addition TITLE NAME BONSEY, JR. LOUIS J. NAME STREET ADDRESS STREET ADORESS 8100 BRYAN DAIRY RD. CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition TITI F ☐ Change ☐ Delete BONSEY, JOSEPH J. NAME NAME STREET ADDRESS STREET ADDRESS 8100 BRYAN DAIRY RD. CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

STATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARD. 20, 2000

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