2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 339868** Sep 06, 2000 8:00 am 1. Entity Name **BILBREY ENTERPRISES INC** Secretary of State 09-06-2000 90096 031 ***550.00 Principal Place of Business Mailing Address 6498 BILBREY NURSERY LOOK 6498 BILBREY NURSERY LOOP AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1233630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILBREY, RODGER H Street Address (P.O. Box Number is Not Acceptable) 6498 BILBREY NURSERY LOOP AUBURNDALE FL 33823 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete TITLE BILBREY, RODGER H NAME NAME 6498 BILBREY NURSEY LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 VPSD ☐ Addition TITLE ☐ Delete TITLE ☐ Change BILBREY, CAROL J NAME NAME 6498 BILLBREY NURSERY LOOP STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change T/T/ F ☐ Delete BILBREY, OWEN L. JR. NAME NAME STREET ADDRESS 6498 BILBREY NURSERY LOOP STREET ADDRESS CITY-ST-ZIP **AUBURNDALE FL 33823** 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 appearance of the corporation of the c

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TECHNICATE H. BILBY 08/31/00 813-984-3

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