## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 461559 1. Entity Name B & W OF VERO BEACH, INC. 01-16-2002 90271 030 \*\*\*150.00 Principal Place of Business Mailing Address 750-12TH STREET #88 750-12TH STREET #88 VERO BEACH FL 32960 VERO BEACH FL 32960 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 59-1551251 Not Applicable Zip Country - -Country Zip \$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 COLLINS, GEORGE G JR Street Address (P.O. Box Number is Not Acceptable) **SOUTHGATE VILLAGE, LOT 88** VERO BEACH FL City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BORGEN, JEANNE E STREET ADDRESS STREET ADDRESS 750-12TH ST. CITY-ST-ZIP VERO BCH., FL 00000 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME WOLD, ERBE S., JR. STREET ADDRESS STREET ADDRESS 750 12TH STREET CITY-ST-ZIP CITY-ST-7IP vero beach fl DILE ☐ Delete TITLE Change ☐ Addition NAME WOLD, RUTH NAME STREET ADDRESS **750 12TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS 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

Daytime Phone #

(9/01)

**FILED**