

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90266 021 ***150.00

DOCUMENT # 575524

1. Entity Name

B AND B LINES, INC.

Principal Place of Business

**STATE HIGHWAY 30A
CARRABELLE FL 32322**

Mailing Address

**P.O. BOX 114
CARRABELLE FL 32322**

2. Principal Place of Business

1102 Gulf AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1842543**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAGDON, ALVA L
STATE HIGHWAY 30-A
CARRABELLE FL 32322**

Name

Street Address (P.O. Box Number is Not Acceptable)

1102 Gulf AVE.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BRAGDON, ALVA L	STATE HWY 30-A	CARRABELLE FL	<input type="checkbox"/>
VST	BRAGDON, PATRICIA	TATE HWY 30-A	CARRABELLE FL	<input type="checkbox"/>
ST	BRAGDON, PATRICIA	STATE HWY 30-A	CARRABELLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1102 Gulf AVE	32322	<input checked="" type="checkbox"/>
		1102 Gulf AVE	32322	<input checked="" type="checkbox"/>
		1102 Gulf AVE	32322	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Patricia Bragdon Patricia Bragdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

850-697-3503

Daytime Phone #

CR2E034 (10/00)