

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90284 018 ***150.00

034287 AV

DOCUMENT # 592899

1. Entity Name

B & C FOODS, INC.



Principal Place of Business

**1600 SOUTH STATE RD. #7
FT. LAUDERDALE FL 33317**

Mailing Address

**P O BOX 120625
FORT LAUDERDALE FL 33312-0011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1862536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIGGS, CHRISTOPHER N.
1600 S STATE RD #7
FT. LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BIGGS, CHRISTOPHER N	
STREET ADDRESS	2825 SW 117TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIGGS, BEVERLY F	
STREET ADDRESS	2825 SW 117TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HANSEN, SUE	
STREET ADDRESS	1050 S W 52ND AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, JEFFERY	
STREET ADDRESS	1151 SCARBOROUGH DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, CHRISTOPHER F	
STREET ADDRESS	2825 SW 117TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, COURTNEY J	
STREET ADDRESS	2825 SW 117TH AVE.	
CITY-ST-ZIP	DAVIE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas O. Buttermore	
STREET ADDRESS	3560 SW 144th Ave.	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUE HANSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-587-2182

Daytime Phone #

CR2E034 (10/02)