

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000484**

1. Entity Name

B.B./4, LTD.

FILED

00 JAN 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1262 THIRD STREET SOUTH, SUITE F
NAPLES FL 33940

1262 THIRD STREET SOUTH, SUITE F
NAPLES FL 34102-7238

2. Principal Place of Business

1150 CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address

1150 CENTRAL AVE
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0617572

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N ESQ.
975 SIXTH AVENUE SOUTH
NAPLES FL 33940

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L22501**
NAME **CONTINENTAL CONSTRUCTION OF S.W. FLA., INC.**
STREET ADDRESS **1262 THIRD STREET SOUTH, SUITE F**
CITY - ST - ZIP **NAPLES FL 33940**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1150 CENTRAL AVE

CITY - ST - ZIP

NAPLES, FL 34102

STREET ADDRESS

CITY - ST - ZIP

700003113467-1

STREET ADDRESS

CITY - ST - ZIP

-01/27/00-01106-010

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #