

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F96000001931**

1. Entity Name
B & B RACING KENNEL, INC.



Principal Place of Business
**1244 12TH FAIRWAY
WELLINGTON FL 33414**

Mailing Address
**1244 12TH FAIRWAY
WELLINGTON FL 33414**

2. Principal Place of Business
497 WEST Rambling DR.
Suite, Apt. #, etc.

3. Mailing Address
497 WEST Rambling DR.
Suite, Apt. #, etc.

City & State
WELLINGTON FLORIDA

City & State
WELLINGTON FLORIDA

Zip
33414

Zip
33414

Country

Country

4. FEI Number

63-1005547

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLELLAN, JAMES B
1244 12TH FAIRWAY
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent
MCLELLAN, JAMES B.

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

**497 WEST Rambling DR
WELLINGTON FL 33414**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLELLAN, JAMES B 1244 12TH FAIRWAY WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCLELLAN, JAMES B 497 W. RAMBLING DR WELLINGTON FLORIDA 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Signature: James B. Mclellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 561 791 2228

Date

Daytime Phone #

CR2E034 (10/02)