

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90062 029 ***150.00

DOCUMENT # G19581

1. Entity Name
B L & L ENTERPRISES, INC.

Principal Place of Business

**2469 SPRUCE VIEW WAY
PORT ORANGE FL 32124
US**

Mailing Address

**2469 SPRUCE VIEW WAY
PORT ORANGE FL 32124
US**

2. Principal Place of Business

2469 SPRUCE VIEW WAY

3. Mailing Address

2469 SPRUCE VIEW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32124

Country

USA

Zip

32124

Country

USA

4. FEI Number **59-2539335**

Applied For

Not Applicable

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

**GILL, ERIC V., ESQ.
5848 HENSEL RD.
PORT ORANGE FL 32019**

Name
SMITHERMAN, WILLIAM Q

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

2469 SPRUCE VIEW WAY

City **DAYTONA BEACH**

FL

Zip Code
32124

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 **PST** ☐ Delete
NAME **SMITHERMAN, WILLIAM Q.**
STREET ADDRESS **2469 SPRUCE VIEW WAY**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **PST** ☒ Change ☐ Addition
NAME **SMITHERMAN, WILLIAM Q.**
STREET ADDRESS **2469 SPRUCE VIEW WAY**
CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM Q SMITHERMAN** *2/27/01 (904) 760 8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)