

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G43424

1. Entity Name
B&B'S OF AMERICA, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90121 043 ***150.00

A0045658



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-7203

Mailing Address
10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-7203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2355771**

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

COLLINS, PATRICIA ANN
10201 NE 232 ST RD.
ORANGE SPRINGS FL 32182

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. 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	DTS COLLINS, PATRICIA NE 233 ST RD OFF HWY 318 ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, RONALD CONKLIN NE 233 ST RD OFF HWY 318 ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, RANDALL CONKLIN 23202 NE 103 AVE. ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLLINS, RUSSELL CONKLIN 23202 NE 103 AVE. ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA COLLINS
4-5-01 352-546-5411

Date

Daytime Phone #

CR2E034 (10/00)