

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89004

1. Entity Name

BBNB INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90178 043 ***158.75

Principal Place of Business

Mailing Address

200 FIRST STREET SOUTH
WINTER HAVEN FL 33880

200 FIRST STREET SOUTH
WINTER HAVEN FL 33880-3203

2. Principal Place of Business

407 Greenfield Rd.

3. Mailing Address

407 Greenfield Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL.

City & State

Winter Haven, FL.

4. FEI Number

59-2607358

Applied For

Not Applicable

Zip

Country

33884 - Polk

Zip

Country

33884 - Polk

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

GROCKI, ROBERT S.

200 FIRST STREET SOUTH
WINTER HAVEN FL 33880

Name

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

407 Greenfield Rd.

City

Winter Haven

FL

Zip Code

33884

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

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

Robert S. Grocki

2/23/00

(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, 2000 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 PD ☐ Delete
NAME GROCKI, ELIZABETH
STREET ADDRESS 200 1ST ST SO. 407 Greenfield Rd.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE VSD ☐ Delete
NAME GROCKI, ROBERT S.
STREET ADDRESS 200 1ST ST SO. 407 Greenfield Rd.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Elizabeth Grocki Elizabeth Grocki 2/27/00 (863) 294-3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)