

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97272

1. Entity Name

BAM-B ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90106 048 ***150.00

841000



DO NOT WRITE IN THIS SPACE

Principal Place of Business
221-A E. MAIN ST
APOPKA FL 32703

Mailing Address
221-A E. MAIN ST
APOPKA FL 32703-5132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2599672
Applied For
Not Applicable

Zip Country

Zip Country

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

ALLEGROE, ROBERT J.
221-A E. MAIN ST
APOPKA FL 32703

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, 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	<input type="checkbox"/> Delete
NAME	ALLEGROE, ROBERT J.	
STREET ADDRESS	10521 DOWN LAKEVIEW CIR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALLEGROE, BARBARA H.	
STREET ADDRESS	10521 DOWN LAKEVIEW CIR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Pres/V. Pres. 5/25/2000 407-884-7777
Date Daytime Phone #