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DOCUMENT #	J761	38	

1. Entity Name

B & B CONTRACTORS OF ORLANDO, INC.

Principal Place of Business

6360 OLD CHENEY HWY ORLANDO FL 32807 us

Mailing Address

% ROY H. BURKETT 1803 GREEN MEADOW LANE

ORLANDO FL 32825

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number



DATE

DO NOT WRITE IN THIS SPACE

Zip	Country		Zip	Country	
<u> </u>					
	6. Nam	e and Address of Cu	rrent Registered Agent	 - -	

"Burkett, Roy H. 1803 GREEN MEADOW LANE ORLANDO FL 32825

SIGNATURE

	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)
,	,
	

59-2829229

5. Certificate of Status Desired

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, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Make Check Payable to Department of State

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

			- 10 - 0 pull 1111 of 10 to						
11.	OFFICERS AND DIR	ECTORS	12.	ADI	DITIONS/CH/	ANGES TO C	FFICERS A	AND DIRECTORS	S IN 11
NAME STREET ADDRESS CITY - ST - ZIP	PDST BURKETT, ROY H. 1803 GREEN MEADOW LANE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					- Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Care	☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Roy HA Burketti Ct President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

407-381-1843

Daytime Phone #

☐ Change

☐ Addition