

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM****Secretary of State****DOCUMENT # K68837**1. Entity Name
BIANCO BROTHERS INCORPORATEDPrincipal Place of Business
P.O. BOX 2177
TAMPA FL 33601 USMailing Address
P.O. BOX 2177
TAMPA FL 33601 US2. Principal Place of Business
12390 S. ISTACHATTA ROAD3. Mailing Address
1040 KIMBROUGH HILL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FLORAL FLCity & State
GREENSBORO GA4. FEI Number
59-2999062Applied For
Not ApplicableZip Country
34436 USZip Country
30642 US5. 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**SEGALL LARRY M
3321 HENDERSON BLVD.

TAMPA FL 33609 US

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 _____ DATE **01/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. 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 VTSD ☐ Delete
NAME EGGERS RITA MARY
STREET ADDRESS 1040 KIMBROUGH HILL LANE
CITY-ST-ZIP GREENSBORO GA 30642TITLE VTSD ☒ Change ☐ Addition
NAME EGGERS RITA MSEC/TRE
STREET ADDRESS 1040 KIMBROUGH HILL LANE
CITY-ST-ZIP GREENSBORO GA 30642TITLE PD ☐ Delete
NAME EGGERS CHARLES F.
STREET ADDRESS 1040 KIMBROUGH HILL LANE
CITY-ST-ZIP GREENSBORO GA 30642TITLE PD ☒ Change ☐ Addition
NAME EGGERS CHARLES FPRES.
STREET ADDRESS 1040 KIMBROUGH HILL LANE
CITY-ST-ZIP GREENSBORO GA 30642TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Charles F. Eggers

Pres 01/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)