

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75725

1. Entity Name

3B & 2D CORP.

Principal Place of Business

7071 58TH ST  
PINELLAS PARK FL 33781  
US

Mailing Address

C/O BONNIE L. SEYMOUR  
6509 33RD AVENUE NO.  
ST. PETERSBURG FL 33710-2440

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

59-2950284

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

SEYMOUR, BONNIE LOU  
6509 33RD AVE N  
ST. PETERSBURG FL 33710

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	P	<input type="checkbox"/> Delete
NAME	SEYMOUR, BONNIE LOU	
STREET ADDRESS	6509 33RD AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSELL, BARBARA JO	
STREET ADDRESS	4922 56TH WAY N	
CITY-ST-ZIP	KENNETH CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRIBIANO, DARA	
STREET ADDRESS	9428 133RD ST., N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, DEBBIE	
STREET ADDRESS	1143 MEYERS RD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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
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: *Bonnie Lou Seymour* Bonnie Lou Seymour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

Daytime Phone #

727-544-1313

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90032 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)