2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90171 013 ****50.00

DOCUMENT # L00000012334

1. Entity Name
S & B ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2211 S.W. 49TH STREET CAPE CORAL FL 33914	1555 ROUTE 37 WEST. SUITE 4 TOMS RIVER NJ 08755

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		2211 S.W. 49th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ~~[illegible]~~ CAPE CORAL FLORIDA	
Zip	Country	Zip 33914	Country USA

4. FEI Number 22-3758867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGGETT, WILLIAM 2211 S.W. 49TH STREET CAPE CORAL FL 33904	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGGETT, WILLIAM B 2211 S.W. 49TH STREET CAPE CORAL FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 2/4/02 941 945 0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #