

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90047 024 ****50.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000007790 1. Entity Name BIB, LLC					
Principal Place of Business 4501 N. DAVIS HIGHWAY PENSACOLA FL 32503			Mailing Address 4501 N. DAVIS HIGHWAY PENSACOLA FL 32503		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P O BOX 12646 Suite, Apt. #, etc. 40 STEPHEN BURGESS City & State PENSACOLA, FL Zip Country 32574 USA			
4. FEI Number 30-0089672			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent IRVIN, E. COY JR DAVIS 4501 N DAVIS HIGHWAY PENSACOLA FL 32503		
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVIN, E. COY JR 4501 N DAVID HIGHWAY PENSACOLA FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 N DAVIS HWY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELK, WILLIAM W 4501 N DAVID HIGHWAY PENSACOLA FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 N DAVIS HWY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANNON, H. DAVID 4501 N DAVID HIGHWAY PENSACOLA FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 N DAVIS HWY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E083 (10/02)

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]* **SIGNATURE REQUIRED** 1-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #