

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90009 026 \*\*\*150.00

**DOCUMENT # L45951**

1. Entity Name

**B & B DISTRIBUTORS, INC.**

Principal Place of Business

**ORANGE AVE**  
**BOX 966**  
**BEACH FL 32115**

Mailing Address

**721 ORANGE AVE**  
**P.O. BOX 966**  
**DAYTONA BEACH FL 32114-4728**

2. Principal Place of Business

**721 ORANGE AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**721 ORANGE**

Suite, Apt. #, etc.

City &amp; State

**DAYTONA BEACH, FLA.**

City &amp; State

**DAYTONA BEACH, FLA.**

4. FEI Number

**59-2991784**

Applied For

Not Applicable

Zip

**32114**

Country

**VOLUSIA**

Zip

**32114**

Country

**VOLUSIA**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

**VAN HOUTEN, MICHAEL A ESQ**  
**114 S PALMETTO AVE**  
**DAYTONA BEACH FL 32115**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**FISHER, ROGER L**  
**315 WILDER BLVD 109**  
**DAYTONA BCH FL 32114** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**BENJAMIN GREGORY ANDERSON**  
**1912 FRANK PLACE**  
**DAYTONA BEACH, FLA 32119** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**KIRBY, JAMES L**  
**2274 ORIOLE LANE**  
**SOUTH DAYTONA FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**ANDERSON, BEN E**  
**420 6TH ST**  
**HOLLY HILL FL** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MTSJ. KIRBY**  
**2274 ORIOLE LANE**  
**SO. DAYTONA, FLA. 32119** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**M. J. KIRBY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)