

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006799

1. Entity Name

BBCR ENTERPRISES, INC.

**FILED**  
Jun 30, 2002 8:00 am  
Secretary of State

06-30-2002 90227 017 \*\*\*550.00

Principal Place of Business

12065 METRO PKWY., SUITE 101  
FT. MYERS FL 33912

Mailing Address

12065 METRO PKWY., SUITE 101  
FT. MYERS FL 33912

B0126003



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0978587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSIE, CHARLES A  
12065 METRO PKWY., SUITE 101  
FT. MYERS FL 33912

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.

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, BRUCE	
STREET ADDRESS	12065 METRO PKWY., SUITE 101	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASSIE, CHARLES A	
STREET ADDRESS	14751 EDEN STREET	
CITY-ST-ZIP	FORT MYERS FL 33908	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2665 Cleveland Ave., #103	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12065 Metro Pkwy, Suite 101	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Jacobs	
STREET ADDRESS	2665 Cleveland Ave., #103	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Massie	
STREET ADDRESS	12065 Metro Pkwy, Suite 101	
CITY-ST-ZIP	Fort Myers, FL 33912	
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:

*Charles A. Massie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (941) 332-1612  
Date Daytime Phone #

CR2E034 (9/01)