FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90114 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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1. Entity Name

B&B OF JUPITER, INC.



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Street Address (P.O. Box Number is Not Acceptable) 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 and title if applicable. (NOTE: Registered Agent signature required when reinfactating) After May 1, 2003 Fee wiff be \$55.00 After May 1, 2003 Fee wiff be \$55.00 After May 1, 2003 Fee wiff be \$55.00 FULL NOW!!! FEE IS: \$150.00 After May 1, 2003 Fee wiff be \$55.00 BRUTTELL, BLAIR BRUTTELL, BLAIR 9422 166Th WAY NORTH JUPITER FL 33478 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHA				N	ame		-			
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SIGNATURE Signature, typed or printed raming of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). FILE NOW!!! FEE IS: \$150.00 After May 1, 2003 Fee will' be \$550.00 Make Check Payable to Florida Department of State 10.1- OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME Change Addition Addition NAME					ity			FL Zip	o Code	
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12. 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 10 or Block 11 if changed, or on an attachment with an address

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

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