2001 UNIFORM BUSINESS REPORT (*)BR) **FILED** Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P00000024209 B. N' B., INC. 02-06-2001 90332 050 ***150.00 Principal Place of Business Mailing Address 764 71ST TERR, S. 764 71 ST TERR. S. ST. AUGUSTINE FL 33705 ST. AUGUSTINE FL 33705 $\mathbf{v} = \mathbf{v} \cup \mathbf{v} = \mathbf{v}$ 2. Principal Place of Business 3. Mailing Address Jec. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>skor</u> · rex City & State City & State 4. FEI Number Applied For 3370 59-Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired ろろつい Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, BRADLEY J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2639 9TH STREET,N. % BOYDSTUD, DABROSKI, LYLE & WOOD, P.A. ST. AUGUSTINE FL 33704 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) □ Delete TITLE Change ☐ Addition NAME DAVIS, LINDA J NAME STREET ADDRESS 764 71ST TERR-S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete. _ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OF

RINTED NAME OF SIGNING OFFICER OR DIRECTOR