

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050019

1. Entity Name
B & D PROPERTY MANAGEMENT, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90480 024 ***150.00

Principal Place of Business
**3407 WEST DELAWARE AVE
PLANT CITY FL 33567**

Mailing Address
**3407 WEST DELAWARE AVE
PLANT CITY FL 33567**

2. Principal Place of Business
5100 Ulmerton Rd
Suite, Apt. #, etc.

3. Mailing Address
3407 West Delaware Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL
Zip
33782
Country
USA

City & State
Plant City, FL
Zip
33567
Country
USA

4. FEI Number
65-1013238
Applied For
☐ Not Applicable

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

**HUTCHINS, ROBERT
3407 WEST DELAWARE AVE
PLANT CITY FL 33567**

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 _____ (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, 2001 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 HUTCHINS, ROBERT
3407 WEST DELAWARE AVE
PLANT CITY FL 33567** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD MCDOWELL, DAVID
3407 WEST DELAWARE AVE
PLANT CITY FL 33567** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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: Robert Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 8137818836
Date Daytime Phone #

CR2E034 (10/00)