

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073301**

1. Entity Name

BBAF ENTERPRISES. INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90065 029 ***150.00

Principal Place of Business

1255 MASON AVENUE
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVENUE
DAYTONA BEACH FL 32117**00011272**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

786 Pheasant Run Ct
Port Orange FL

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-366 2282

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GAFFKA, BRUCE J
1255 MASON AVENUE
DAYTONA BEACH FL 32117☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
KLING, BARBARA M
1255 MASON AVENUE
DAYTONA BEACH FL 32117☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
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CITY-ST-ZIP☐ Change ☐ Addition
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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: **Bruce J. Gaffka**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/01 (904) 295-4079

Daytime Phone #

CR2E034 (10/00)