

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90317 034 ***150.00

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DOCUMENT # P00000097869

1. Entity Name
BNB CORVETTES, INC.



Principal Place of Business
**3645 CHAFFEE RD., SOUTH,
JACKSONVILLE FL 32221**

Mailing Address
**3645 CHAFFEE RD., SOUTH,
JACKSONVILLE FL 32221**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3715862**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKBURN & COMPANY, L.C.
6620 SOUTHPOINT DR., STE. 200
JACKSONVILLE FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	JINRIGHT, HELEN C.	
STREET ADDRESS	3641 CHAFFEE RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINLEY, WILLIAM L JR	
STREET ADDRESS	8074 MARINER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JINRIGHT, JEREMY E	
STREET ADDRESS	170 NASSAU OAKS CIR	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, SHARON	
STREET ADDRESS	8840 BRAIRWAY S.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Helen C. Jinright* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **(904) 783-2733**
Date Daytime Phone #

CR2E034 (10/02)