

**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

0030363 AV

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3715862**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	VPST	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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** 4/28/03 (904) 783-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)