

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 30, 2001 8:00 am
Secretary of State

05-03-2001 90986 027 ***158.75

DOCUMENT # P00000101789

1. Entity Name
B & B SHARP, INC.

Principal Place of Business
**703 SOUTHERN CT
 GULF BREEZE FL 32561**

Mailing Address
**703 SOUTHERN CT
 GULF BREEZE FL 32561**

2. Principal Place of Business
655 Pensacola Beach Blvd
 Suite, Apt. #, etc.

3. Mailing Address
655 Pensacola Beach Blvd
 Suite, Apt. #, etc.

City & State
Pensacola Beach FL 32561
 Zip
32561
 Country
Escambia

City & State
Pensacola Beach FL 32561
 Zip
32561
 Country
Escambia

4. FEI Number
59-3682207

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HUSTON, GARY W
 125 W ROMANA STE 800
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name
Robert D. Sharp
 Street Address (P.O. Box Number is Not Acceptable)
703 Southern Ct
 City
Gulf Breeze FL Zip Code
32561

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]*
 Signature, typed or printed name of registered agent and 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 State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 850-934-3434
 Date Daytime Phone #

CR2E034 (10/00)