

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000104381**1. Entity Name
T.B.B. OF SOUTH FLORIDA, INC.

Principal Place of Business 210 BENT TREE DRIVE PALM BEACH GARDENS FL	Mailing Address 210 BENT TREE DRIVE PALM BEACH GARDENS FL
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2. Principal Place of Business
210 BENT TREE DRIVE3. Mailing Address
210 BENT TREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
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4. FEI Number
65-1053593Applied For
Not Applicable

Zip 33418	Country US	Zip 33418	Country US
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**BASINSKI BRETT
2906 SW LAKEMONT PLPANAMA CITY FL
34990 US**7. Name and Address of New Registered Agent**Name
BASINSKI BRETT
Street Address (P.O. Box Number is Not Acceptable)
210 BENT TREE DR.City
PALM BEACH GARDENS FL Zip Code
33418

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 **BRETT BASINSKI****09/09/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NEMEROFSKY TRACY 2906 SW LAKEMONT PL PANAMA CITY FL 34990	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BASINSKI BRETT 2906 SW LAKEMONT PL PANAMA CITY FL 34990	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEMEROFSKY TRACY 210 BENT TREE DR. PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BASINSKI BRETT 210 BENT TREE DR. PALM BEACH GARDENS FL 33418	<input checked="" 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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Brett Basinski

CEO

09/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)