

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90009 012 ***150.00

UNIFORM
 AV

DOCUMENT # **P01000001559**

1. Entity Name
B & B TRAILS CORP.

Principal Place of Business
**257 NORTHWEST 70TH STREET
 BOCA RATON FL 33487**

Mailing Address
**257 NORTHWEST 70TH STREET
 BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1050 CRYSTAL WAY

3. Mailing Address
1050 CRYSTAL WAY

Suite, Apt. #, etc.
P

Suite, Apt. #, etc.
P

City & State
DELRAY BEACH FL.

City & State
DELRAY BEACH FL.

4. FEI Number
65-1066359

Applied For
 Not Applicable

Zip
33444

Country
USA

Zip
33444

Country
USA

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 **BETH LEHMAN**
 Street Address (P.O. Box Number is Not Acceptable)
**1050 CRYSTAL WAY
 SUITE P**
 City **DELRAY BEACH FL** Zip Code **33444**

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 *Beth Lehman*

2-22-02

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, 2002 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 Delete
 NAME **PSTD LEHMAN, BETH S**
 STREET ADDRESS **257 NORTHWEST 70TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME **V LEHMAN, ERROL R**
 STREET ADDRESS **257 NORTHWEST 70TH STREET**
 CITY-ST-ZIP **BOCA RATON-FL 33487**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (861)279-2841
 Date Daytime Phone #

CR2E034 (9/01)