FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001559

1. Entity Name
B & B TRAILS CORP.

Principal Place of Business	Mailing Address
1050 CRYSTAL WAY STE P DELRAY BEACH, FL 33444	1050 CRYSTAL WAY STE P DELRAY BEACH, FL 33444

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5062 STARBLAZE DRIVE		5062 STARBLAZE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GREENACRES, FL		City & State: GREENACRES, FL	
Zip: 33463	Country: U.S.A.	Zip: 33463	Country: U.S.A.

4. FEI Number: 65-1066359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETH, LEHMAN
1050 CRYSTAL WAY
STE P
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name: BETH LEHMAN
Street Address (P.O. Box Number Is Not Acceptable): 5062 STARBLAZE DRIVE
City: GREENACRES, FL Zip Code: 33463

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: Beth Lehman, Pres. 4/23/03
Signature, typed or printed name of registered agent and title if applicable (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LEHMAN, BETH S 257 NORTHWEST 70TH STREET BOCA RATON, FL 33487	☐ Delete	PSTD BETH S LEHMAN 5062 STARBLAZE DRIVE GREENACRES, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEHMAN, ERROL R 257 NORTHWEST 70TH STREET BOCA RATON, FL 33487	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Beth Lehman, Pres 4/23/03 (561) 966-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)