

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90067 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016622

1. Entity Name

BIFBREED INVESTMENTS, INC.

Principal Place of Business

1870 PROVIDENCE BLVD. STE. K
DELTONA FL 32725

Mailing Address

1870 PROVIDENCE BLVD. STE. K
DELTONA FL 32725

2. Principal Place of Business

301 N. PINE MEADOW DR
Suite Apt. #, etc. B

3. Mailing Address

301 N. PINE MEADOW DR
Suite Apt. #, etc. B



DO NOT WRITE IN THIS SPACE

City & State

DEBARY, FL

City & State

DEBARY, FL

4. FEI Number

59-3700424

Applied For

Not Applicable

Zip

32713

Country

FLORIDA

Zip

32713

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIFERIE, ROBERT L
1870 PROVIDENCE BLVD., STE. K
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

301 N. PINE MEADOW DR

City DEBARY

FL

Zip Code

32713

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

Robert L. BIFERIE

2/28/02

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
President	Robert L. Biferie	6108 Turtle Mound	New Smyrna Beach, FL 32169	<input type="checkbox"/>
Vice-President	Brian Breedlove	330 E. Summit	San Antonio, TX 78212	<input type="checkbox"/>
Secretary/Treasurer	Caryn D. Breedlove	140 Grant Ave.	San Antonio, TX 78209	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert L. BIFERIE

2/28/02 (386) 668-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)