

# 2002 UNIFORM BUSINESS REPORT (UBR)

0050680 AV

DOCUMENT # P01000024627

1. Entity Name  
B & B LIQUORS INC

FILED

02 AUG -5 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4960 MOBILE HWY  
PENSACOLA FL 32506

Mailing Address  
4960 MOBILE HWY  
PENSACOLA FL 32506



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3702315

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORELLI, ROBERT E  
4960 MOBILE HWY  
PENSACOLA FL 32506

Name  
Street Address (P.O. Box Number is Not Acceptable)  
600006972476--7  
-08/08/02--01038--006  
City  
\*\*\*\*150.00FL\*\*\*\*150.00

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VP. S. T. D. TORELLI, ROBERT E. 4960 MOBILE HWY. PENSACOLA, FL. 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: ROBERT E. TORELLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. TORELLI 4-12-02 850-455-6133

Date Daytime Phone #

CR2E034 (9/01)

Attachment

#P01000024627 7/29/02

To whom it may concern:

This is regarding the attached 2002 Uniform Business Report for our corp., The Flame Lounge B+B Liquors # 593702315.

Our corp was 1 year old last March and at that time my husband became ill and ended up having a stroke.

I was trying to take care of everything in the business and take care of him. My accountant put the

report in with our monthly work and I had never seen one before and inadvertently didn't file it, and just found it in my papers today.

I am hoping you