FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91324 047 ***150.00

DOCUMENT # P01000029484

1. Entity Name
B & B, INC.

DO NOT WRITE IN THIS SPACE

668010

2. Principal Place of Business
3431 BONITA BEACH RD.
Suite, Apt. #, etc.
STE 208
City & State
BONITA SPRINGS, FL
Zip 34134 Country USA

3. Mailing Address
3431 BONITA BEACH RD.
Suite, Apt. #, etc.
STE 208
City & State
BONITA SPRINGS, FL
Zip 34134 Country USA

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4. FEI Number 65-1095197 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Harold S. Richmond
Street Address (P.O. Box Number is Not Acceptable)
227 East Jefferson St.
City Quincy FL Zip Code 32351

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 ______
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 instructions on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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-ST-ZIP	PTD H. L. (Buddy) Micelle 23680 Waterside Dr. ~~Bonita Springs, FL 34134~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Billy Don Grant 3935 Woodlake Dr. Bonita Springs, FL 34134
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Billy Don Grant Billy Don Grant, V.P. 5/3/02 (239) 992-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #