

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 035 ***550.00

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DOCUMENT # P01000092697

1. Entity Name
BUBBA-BEA ENTERPRISE INC.



Principal Place of Business
**710 LEE ST
KISSIMMEE FL 34741**

Mailing Address
**710 LEE ST
KISSIMMEE FL 34741**



2. Principal Place of Business

710 Lee St.

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Kissimmee, FL

City & State

4. FEI Number **04-3620183**

Applied For

Not Applicable

Zip

34741

Country

U.S.

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

**GIBBONS, ARCHIE JR
710 LEE ST
KISSIMMEE FL 34741**

Name

none

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

City

FL

Zip Code

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

Archie Gibbons Jr.

9-9-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **GIBBONS, ARCHIE JR**
STREET ADDRESS **710 LEE ST**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Archie Gibbons Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03

(407) 847-8925

Date

Daytime Phone #

CR2E034 (4/03)