

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 044 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000108866

1. Entity Name  
B B & S MANAGEMENT COMPANY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>3700 WASHINGTON ST</u> Suite, Apt. #, etc. <u># 500</u>		3. Mailing Address <u>3700 WASHINGTON ST</u> Suite, Apt. #, etc. <u># 500</u>	
City & State <u>Hollywood FL</u>		City & State <u>Hollywood FL</u>	
Zip <u>33021</u>	Country <u>USA</u>	Zip <u>33021</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1153934</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>BARRON, EARL</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3700 WASHINGTON</u>	
# <u>500</u>	
City <u>HOLLYWOOD</u>	FL Zip Code <u>33021</u>

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D BARRON, EARL</u> <u>3700 WASHINGTON, #500</u> <u>HOLLYWOOD, FL 33021</u>
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2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl Barron  
Earl Barron

MBS.

5/1/03 954-989-4700