

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90040 038 ***150.00

DOCUMENT # P01000114263

1. Entity Name

B & B MARKETING AND DISTRIBUTING, INC.

Principal Place of Business

~~915 HIBISCUS LANE~~
DELRAY BEACH FL 33444

Mailing Address

~~915 HIBISCUS LANE~~
DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4723 West Atlantic Ave

3. Mailing Address

4723 W. Atlantic Ave

Suite, Apt. #, etc.

Suite A-20

Suite, Apt. #, etc.

Suite A-20

City & State

Delray Bch, FL

City & State

Delray Bch, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-1157175

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROW, B LOREN
915 HIBISCUS LANE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

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.

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 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	D	<input type="checkbox"/> Delete
NAME	BROW, B LOREN	
STREET ADDRESS	915 HIBISCUS LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROW, LOREN E	
STREET ADDRESS	915 HIBISCUS LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROW, B LOREN	
STREET ADDRESS	915 HIBISCUS LANE	
CITY-ST-ZIP	Delray Bch, FL 33444	
TITLE	VP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROW, LOREN E.	
STREET ADDRESS	619 WIGGIN RD.	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *B. Loren Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

561-272-2484

Daytime Phone #

CR2E034 (9/01)