FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90744 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046751

1. Entity Name
B-3, INC.

90123226

Principal Place of Business
2737 NORTH EAST 28 CT., APT. 1
LIGHTHOUSE POINT, FL 33064

Mailing Address
2737 NORTH EAST 28 CT., APT. 1
LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business	3. Mailing Address
2655 NE 27 ST	2655 NE 27 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE POINT FL	City & State: LIGHTHOUSE POINT, FL
Zip: 33064 Country: BROWARD	Zip: 33064 Country: BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0426219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BURT, CASEY
2737 NORTH EAST 28 CT., APT. 1
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 2655 NE 27 ST
City LIGHTHOUSE POINT FL Zip Code 33064

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURT, CASEY 2737 NORTH EAST 28 CT., APT. 1 LIGHTHOUSE POINT, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2655 NE 27 ST LIGHTHOUSE POINT, FL 33064	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #