

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90121 013 ***150.00

DOCUMENT # P02000050018

1. Entity Name
BB & J DEVELOPMENT, INC.



Principal Place of Business
**POST OFFICE BOX 770205
OCALA FL 34477**

Mailing Address
**POST OFFICE BOX 770205
OCALA FL 34477**



2. Principal Place of Business
4930 SW 128th ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 770205
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL.

City & State
Ocala, FL.

4. FEI Number
32 002 2649

Applied For
Not Applicable

Zip
3

Country
MARION

Zip
34477

Country
MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIPP, JOSEPH
3449 S W 18TH PLACE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

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
**P
TRIPP, JOSEPH
3449 S W 18TH PL
OCALA FL 34474** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ISAZA, BEATRICE
3449 S W 18TH PL
OCALA FL 34474** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ISAZA, H'G
3449 S W 18TH PL
OCALA FL 34474** ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

Daytime Phone #

CR2E034 (10/02)