

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90179 046 ***150.00

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DOCUMENT # **P02000057579**

1. Entity Name
B & C PRODUCTS AND DEVELOPMENT, INC.



Principal Place of Business
**2710 GOLF HEIGHTS CIR
VALRICO FL 33594**

Mailing Address
**2710 GOLF HEIGHTS CIR
VALRICO FL 33594**

2. Principal Place of Business
10314 DEEPBROOK DR
Suite, Apt. #, etc.

3. Mailing Address
10314 DEEPBROOK DR
Suite, Apt. #, etc.

City & State
RIVERVIEW FL

City & State
RIVERVIEW FL

Zip
33569

Country
Hillsborough

Zip
33569

Country
Hillsborough

4. FEI Number
84-1616903

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCIABARRA, CARMELA
2710 GOLF HEIGHTS CIR
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name
CHRISTINA MAY

Street Address (P.O. Box Number is Not Acceptable)
10314 DEEPBROOK DR

City
RIVERVIEW

FL

Zip Code
33569

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: *Christina May*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SCIABARRA, CARL 2710 GOLF HEIGHTS CIR VALRICO FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MAY, WILLIAM 2710 GOLF HEIGHTS CIR VALRICO FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christina May*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-2-2003**

Daytime Phone #: **813-657-1299**

CR2E034 (10/02)