FILED

05 JUN -2 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000168542

1. Entity Name

B & B Enterprises International Inc

DO NOT WRITE IN THIS SPACE

04/13/05 80071 017 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3176 Whirlaway Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32309 Country	Zip Country

4. FEI Number: 20-1991927 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PHYLLIS KNIGHTS

Street Address (P.O. Box Number is Not Acceptable): 745 LEWIS BLVD SOUTH

City: TALLAHASSEE FL Zip Code: 32301

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: Phyllis Knights Phyllis Knights 5/16/05

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	President/ Treasurer
NAME	George W Gute III
STREET ADDRESS	3176 Whirlaway Tr
CITY-ST-ZIP	Tallahassee, FL 32309
TITLE	Vice President/Secretary
NAME	George W Gute
STREET ADDRESS	3176 Whirlaway Tr
CITY-ST-ZIP	Tallahassee, FL 32309
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: GW Gute GW GUTE 4.12.05 668 1709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #