

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90088 013 ***150.00

DOCUMENT # P94000007675

1. Entity Name

B & B CONTRACTORS, INC.

Principal Place of Business

Mailing Address

**128 FLAMINGO DR
 AUBURNDALE FL 33823**

**128 FLAMINGO DR
 AUBURNDALE FL 33823-3739**

2. Principal Place of Business

3. Mailing Address

PO Box 1335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale FL

4. FEI Number **59-3218588**

☒ Applied For
☐ Not Applicable

Zip

Country

33823

Country

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

DO NOT WRITE IN THIS SPACE

C0037288



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAUCKMULLER, CHRISTOPHER J
 128 FLAMINGO DR
 AUBURNDALE FL 33823**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BRAUCKMULLER, CHRISTOPHER J**
 STREET ADDRESS **128 FLAMINGO DR**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

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

TITLE **D** ☐ Delete
 NAME **BAILEY, TROY S**
 STREET ADDRESS **4628 COUNTY TRAILS DR**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE **Assistant Secretary** ☐ Delete
 NAME **Miller, Steven C.**
 STREET ADDRESS **220 Union St**
 CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **Miller, Steven C.**
 STREET ADDRESS **220 Union St**
 CITY-ST-ZIP **Auburndale, FL 33823**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

863-289-2950

03/14/99