

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90131 009 ***150.00

DOCUMENT # P94000025769

1. Entity Name
BBR CORP.



Principal Place of Business
**5523 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

Mailing Address
**5523 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**



2. Principal Place of Business
MASSACHUSETTS

3. Mailing Address
5523 Gulf of Mexico Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Longboat Key, FL

City & State

4. FEI Number **65-0480484**

Applied For
Not Applicable

Zip **34228** Country **U.S.A.**

Zip Country

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

6. Name and Address of Current Registered Agent

**BOGOFF, LESTER H
5523 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name **Lester Bogoff**
Street Address (P.O. Box Number is Not Acceptable)
5523 Gulf of Mexico Drive
City **Longboat Key FL** Zip Code **34228**

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 _____ (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	<input type="checkbox"/> Delete
	P			
	BOGOFF, LESTER H	5523 GULF OF MEXICO DRIVE	LONGBOAT KEY FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 941-393-4372

CR2E034 (10/02)