

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90141 003 ***150.00

DOCUMENT # P94000063477

1. Entity Name

B & D RESOURCES, INC.

Principal Place of Business

Mailing Address

**CENTRAL AVE
 107
 PETERSBURG FL 33701**

**695 CENTRAL AVE
 STE 107
 ST PETERSBURG FL 33701-3662
 US**

2. Principal Place of Business

3. Mailing Address

**6860 Gulfport Blvd.
 Suite 305
 St. Petersburg, FL**

**6860 Gulfport Blvd.
 Suite 305
 St. Petersburg, FL**

St. Petersburg, FL

St. Petersburg, FL

Zip 33707

County Pinellas

Zip 33707

County Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, FRANK
 4905 34TH ST S #5100
 10550 US 19 N
 PINELLAS PARK FL 33782**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **LEY, JAMES S**
 CITY-ST-ZIP **695 CENTRAL AVE STE 107
 ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **LEY, JAMES S.**
 CITY-ST-ZIP **6860 GULFPORT BLVD. SO., STE 305
 ST. PETERSBURG, FL**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **D'AMARIO, GREGORY J**
 CITY-ST-ZIP **4905 34TH ST S #5100
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

(727) 884-3600

Daytime Phone #

CR2E034 (9/99)