2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092972

BIG B ENTERPRISES, INC. Principal Place of Business Mailing Address **III HALIFAX DRIVE** 4390 HALIFAX DRIVE Uni ORANGE FL 32127 PORT ORANGE FL 32127-4509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name PREWITT, BENJAMIN D Street Address (P FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90073 039 ***150.00

| 4. FEI Number 59-3287317 | | | Applied For |
|----------------------------------|---------|-----------------------------------|----------------|
| 39 320/31/ | | | Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 7. Name and Address of New Re | gistere | d Agent | |
| - | | | - |

FL

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.

| 9. | This corporation is eligible to satisfy its Intangible | | |
|----|--|---|--|
| | Tax filing requirement and elects to do so. | | |
| | (See criteria on back) | ı | |

Signature, typed or printed name of registered agent and title if applicable.

4390 HALIFAX DRIVE PORT ORANGE FL 32127

SIGNATURE _

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PD ☐ Change Addition ☐ Delete TITLE PREWITT, BENJAMIN D NAME 4390 HALIFAX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL TITLE ☐ Addition ☐ Delete PREWITT, JEWELL NAME NAME 4390 HALIFAX DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP CITY-ST-ZIP TITLE - - - Delete - -- -DAVIS, HAROLD J NAME NAME 4064 HALIFAX DR SUITE 16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 secute 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 the like empowered.

SIGNATURE:

SEWELL PREWLTT RESIDENCE OF SECRETARY

2/23/00 904 767-6614

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