

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 035 ***150.00

DOCUMENT # P95000090900

1. Entity Name
B & S INDUSTRIES, INC.



Principal Place of Business
**11728 U.S. HIGHWAY 19
PORT RICHEY FL 34668**

Mailing Address
**11728 U.S. HIGHWAY 19
PORT RICHEY FL 34668**



2. Principal Place of Business

8316 Arcola Ave.
Suite, Apt. #, etc.

3. Mailing Address

8316 Arcola Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Hudson, Florida

City & State

Hudson, Florida

4. FEI Number **59-3348590**

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

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

6. Name and Address of Current Registered Agent

**SARRICA, ROBERT
11728 U.S. HIGHWAY 19
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **Robert SARRICA**
Street Address (P.O. Box Number is Not Acceptable)
8316 Arcola Ave
City **Hudson** **FL** Zip Code **34667**

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

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

(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 **ST** ☐ Delete
NAME **SARRICA, BEVERLY**
STREET ADDRESS **1849 PEPPERELL DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **P** ☐ Delete
NAME **SARRICA, ROBERT**
STREET ADDRESS **1849 PEPPERELL DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 **Robert SARRICA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 767 819-8114
Date Daytime Phone #

CR2E034 (10/02)