2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # P96000056591 B & B INTERNATIONAL, INC. 05-10-2000 90132 027 ***150.00 Principal Place of Business Mailing Address 7005 SHANNON WILLOW RD SPANISH RIVER RD RATON FL 33432 CHARLOTTE NC 28226-1319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0676019 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHILDERS, BILLY E Street Address (P.O. Box Number is Not Acceptable) 1074 SPANISH RIVER ROAD **BOCA RATON FL 33432** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ۸ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition DP TITLE TITLE ☐ Delete NAME NAME CHILDERS, BILLY E STREET ADDRESS STREET ADDRESS 1074 SPANISH RIVER RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition ☐ Change ☐ Delete TITLE TITLE NAME CHILDERS, JOANN S NAME STREET ADDRESS STREET ADDRESS 1074 SPANISH RIVER RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** - . Change _ Addition ☐ Delete TITLE TITLE NAME CHILDERS, B S STREET ADDRESS STREET ADDRESS 21352 NW 49TH LN CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 a