

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90163 011 ***150.00

DOCUMENT #P96000063246

1. Entity Name **B'S FLEA INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2507 No COCOA BLVD

3. Mailing Address
3815 SUNWARD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCOA FL
MERRITT ISLAND

City & State
FLORIDA, MERRITT ISLAND

4. FEH Number
59-3399626

Applied For
Not Applicable

Zip
32922

Country
BREVARD

Zip
32953

Country
BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NORMAN DERMER

Street Address (P.O. Box Number is Not Acceptable)
3815 SUNWARD DR

City
MERRITT ISLAND

FL

Zip Code
32953

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)

4/27/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES - SEC
BERNICE DERMER
3815 SUNWARD DRIVE
MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NORMAN DERMER VP-TREAS
3815 SUNWARD DRIVE
MERRITT ISLAND, FL 32953

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IN THIS SPACE**

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 on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN DERMER

Date

Daytime Phone #

4/28/03

321-636-9664

CR2E034B (12/02)