

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90008 042 ***158.75

DOCUMENT # **P960000090562**

1. Entity Name

F&B ENTERPRISES, INC

Principal Place of Business

Mailing Address

**2045 Michigan Ave NE
ST PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

2045 Michigan Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST Petersburg

FL 33703

Zip

County

Zip

Country

4. FEI Number

Applied For

59-3327777

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0072709

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSCAR B Friedman

Name

O. Friedman

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

2045 Michigan Ave NE

City

ST Petersburg

FL

Zip Code

33703

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

4/16/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!
After MAY 1, 2001 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 **Pres** ☐ Delete
NAME **OSCAR Friedman**
STREET ADDRESS **2045 Michigan Ave NE**
CITY-ST-ZIP **ST Pete 33703**

TITLE **V Patrick Hayes** ☐ Change ☒ Addition
NAME **824 17th Ave NE**
STREET ADDRESS **ST Pete**
CITY-ST-ZIP **33704**

TITLE **VP** ☒ Delete
NAME **William Bales**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treas** ☐ Change ☐ Addition
NAME **OSCAR FRIEDMAN**
STREET ADDRESS **2045 Michigan Ave NE**
CITY-ST-ZIP **ST Pete 33703**

TITLE **Sec.** ☒ Delete
NAME **Susan Bales**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec** ☐ Change ☒ Addition
NAME **OSCAR Friedman**
STREET ADDRESS **2045 Michigan Ave NE**
CITY-ST-ZIP **ST Pete 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

4/16/01 727-641-5700
Date Daytime Phone #

CR2E034 (11/00)