

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000096911**

1. Entity Name

B & B INDUSTRIAL SUPPLY COMPANY, INC.**FILED**
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90076 028 ***550.00

Principal Place of Business

P O BOX 490
FT PIERCE FL 32202
US

Mailing Address

P O BOX 490
FT PIERCE FL 32202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3415267**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOULD, STEPHEN A ESQ
444 THIRD ST.
NEPTUNE BEACH FL 32266

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D PATRICH, JOHN 429 TALLEYRAND AVENUE JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, EMANUEL 1200 HAMBURG ST. BALTIMORE, MD. 21230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLUSS, HOWARD 1200 HAMBURG ST BALTIMORE MD 21230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCHLOSS, HOWARD (correct spelling) 1200 HAMBURG ST BALTIMORE MD 21230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGER, PAUL 1200 HAMBURG ST W BALTIMORE MD 21230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SINGER, PAUL 1200 HAMBURG ST W BALTIMORE MD 21230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENBLATT, HOWARD 1200 W HAMBRUG ST BALTIMORE MD 21230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLATT, HOWARD 1200 W. HAMBURG ST BALTIMORE, MD 21230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUFRENE, OTIS 1200 W HAMBURG ST BALTIMORE MD 21230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DUFRENE, OTIS 1200 W HAMBURG ST BALTIMORE MD 21230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

8-7-00

Date

443-031-6357

Daytime Phone #

CR2E034 (5/00)