

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101048

1. Entity Name

B & L HOLDINGS, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90032 007 \*\*\*150.00

Principal Place of Business

13014 N. DALE MABRY  
SUITE 324  
TAMPA FL 33618

Mailing Address

13014 N. DALE MABRY  
SUITE 324  
TAMPA FL 33618

2. Principal Place of Business

3315 W. DeLeon Unit 20

3. Mailing Address

3315 W. DeLeon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fla

City & State

Tampa, Fla

Zip

33609

Hillsborough

Zip

33609

Hillsborough

6. Name and Address of Current Registered Agent

BERGER, ROBERT K  
13902 N. DALE MABRY, STE 103  
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

3315 W. DeLeon Unit #20

Tampa

City

Fla

FL

Zip Code

33609

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]*

Robert K. Berger

4/25/01

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 \$150.00

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

TITLE D  
NAME BERGER, ROBERT K  
STREET ADDRESS 13902 N. DALE MABRY, STE 103  
CITY-ST-ZIP TAMPA FL 33618

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3315 W. DeLeon - Unit 20  
CITY-ST-ZIP Tampa, Fla 33609

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

*[Signature]* Robert K. Berger

4/25/01 (813) 202-1136

Date

Daytime Phone #

CR2E034 (10/00)