## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000005775 **DOCUMENT #**

1. Entity Name BEAD BOARD SUPPLY, INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90255 017 \*\*\*150.00

							J					
Principal Place of Business 715 5TH STREET EAST BRADENTON FL 34208				Mailing Address 715 5TH STREET EAST BRADENTON FL 34208								
2. Principal Place of Business				3. Mailing Address				† 1 <b>30</b> 510 <b>5</b> 1 17 <b>8</b> 10111 (1861 1861) <b>6</b> 011	<b>       </b>	HON DANH KARN		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-0705775			pplied For lot Applicable	
Zip Country			Zìp		Cour	ntry	5. Certificate of Status Desired See Required Fee Required		ditional	1		
	6Name	and:Address of.Current	Registen	ed Agent			7:	Name and Address of New Re	gistered A	gent		J.
HANCOCK, CHARLES F					Name						]	
715 5TH STREET EAST BRADENTON FL 34208					Street Address (P.O. Box Number is Not Acceptable)						$\frac{1}{2}$	
DIVIDENT	011 1 1 042	<i>7</i> 0										
					City			FL	Zip Cod			
the obligat	named entity tions of regist	submits this statement for agent.	r the purp	pose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Flor		_	, and accept	
SIGNATURE	Signature, typed	of printed name of registered agent	and title if app	olicable. (NOTI	Registere	d Agent signature requ	ired when re		DATE			1
F	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Election Campaign Fina     Trust Fund Contribution.			00 May Be d to Fees	-
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1117 MAL	, Charles F Lorca Drive On FL 34209		☐ Delete					,	Change	☐ Addition	(00/07) 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, J 2808 97TH PARRISH I	I AVENUE EAST		☐ Delete		· I				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		***************************************		☐ Delete	TITLE NAMI STRE	I .	•			☐ Change	Addition	

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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

**SIGNATURE:**