

**2000-UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000027237**

1. Entity Name

**B-HOLDING INVESTMENT INC.****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90175 008 \*\*\*150.00

**601843**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2404 LEAFDALE CIRCLE SOUTH  
JACKSONVILLE FL 32218****2404 LEAFDALE CIRCLE SOUTH  
JACKSONVILLE FL 32218-7103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3434387**

Applied For

Not Applicable

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****MATTHEWS, LAMAR T  
2404 LEAFDALE CIRCLE SOUTH  
JACKSONVILLE FL 32218**

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 \$150.00**  
**After MAY 1, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	BEECKLER, THOMAS F		
9428 BAYMEADOWS ROAD, SUITE 112			
JACKSONVILLE FL 32256			
DVP	BAKER, LATRECIA		
2409 LEAFDALE CR. S.			
JACKSONVILLE FL 32218			
ST	MATTHEWS, LAMAR T		
2404 LEAFDALE CIRCLE SOUTH			
JACKSONVILLE FL 32218			
DVP	JACKSON, GELEMA BETZ		
2404 LEAFDALE CR.S.			
JACKSONVILLE FL 32218			
DVP	JACKSON, ARNOLD		
2404 LEAFDALE CR. S.			
JACKSONVILLE FL 32218			
DVP	BETZ, LAMAR ROBERT		
2404 LEAFDALE CR. S.			
JACKSONVILLE FL 32218			

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:

**GELEMA BETZ JACKSON**

1/18/2000

Date

904-714-4202

Daytime Phone #

CR2E034 (9/99)