2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P97000045103** 1. Entity Name 4 B ENTERPRISES, INC. 04-26-2001 90223 027 ***150.00 Principal Place of Business Mailing Address 1313 CENTRAL TERRACE 1313 CENTRAL TERRACE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address 308B NORTH DIXIEHW 308 B NORTH DIXIE HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0768180 Lake Worth. Not Applicable <u>Lake Worth</u> Country Country Zip 33460 \$8.75 Additional 5. Certificate of Status Desired Palm Bch. 33460 Palm Bch. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNING, ROBERT B Street Address (P O Rox Number is Not Acceptable) 1313 CENTRAL TERRACE NORTH DIXIE LAKE WORTH FL 33460 Lake Worth Zip Code <u>33460</u> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPST** TITLE ☐ Delete Change Addition **BROWNING, ROBERT B** NAME 308 B WORTH PIXIE HWY. STREET ADDRESS STREET ADDRESS 1313 CENTRAL TERRACE CITY-ST-7IP CITY-ST-7IP Lake Worth, Fl 33460 LAKE WORTH FL 33460 ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR