FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am P97000064763 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90075 022 \*\*\*150.00 B & C CONTRACTING, INC. Principal Place of Business Mailing Address 1417 30TH ST. W. 1417 30TH ST. W. **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0772794 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, DEBRA K Street Address (P.O. Box Number is Not Acceptable) **5017 4TH STREET EAST BRADENTON FL 34203** Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)☐ Delete ☐ Change Addition TITI F TITLE NAME TUMAN, ROBERT B NAME **CR2E034** STREET ADDRESS 1417 30TH ST. W. STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition DVT TITLE TUMAN, CINDY G NAME NAME STREET ADDRESS 1417 30TH ST. W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE TUMAN, KEVIN D NAME NAME STREET ADDRESS STREET ADDRESS 2712 17TH ST E CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-ZIP 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

SIGNATURE:

ICE President 1-8-02 941 746 6795