

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90074 012 ***150.00

DOCUMENT # P97000078033

1. Entity Name
MBB INC.

Principal Place of Business

**3820 SW ARCHER RD
 GAINESVILLE FL 32608
 US**

Mailing Address

**3820 SW ARCHER RD
 GAINESVILLE FL 32608
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3468269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWN, MYRON A
 3820 SW ARCHER RD
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **Kelly D. Barber**

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

22020 Old Providence Road

City

Alachua, FL

Zip Code

32615

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	FEASTER, JOHN W	
STREET ADDRESS	3820 SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	STVP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MYRON A	
STREET ADDRESS	3820 SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly D. Barber	
STREET ADDRESS	22020 Old Providence Road	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David F. Barber, Jr.	
STREET ADDRESS	15316 218th Lane	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christy C. Barber	
STREET ADDRESS	22020 Old Providence Road	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christy Barber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (386) 462-1888

Date

Daytime Phone #

CR2E034 (9/01)