

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087572

1. Entity Name

B & L HEAVENLY BODIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90008 020 ***150.00

Principal Place of Business

Mailing Address

8435 AFTON LANE
PORT RICHEY FL 34668

8435 AFTON LANE
PORT RICHEY FL 34668-6704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3479245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCKNIGHT, LINDA
8435 AFTON LANE
PORT RICHEY FL 34068

Name

Roger Mishler

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

8435 AFTON LANE

City

Port Richey, FL

FL

Zip Code

34668

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

Roger D. Mishler

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

TITLE PD
NAME CARR, WILLIAM
STREET ADDRESS 8435 AFTON LANE
CITY-ST-ZIP PORT RICHEY FL 34668

☐ Delete

TITLE STD
NAME MCKNIGHT, LINDA W
STREET ADDRESS 8435 AFTON LANE
CITY-ST-ZIP PORT RICHEY FL 34668

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPres
NAME Roger Mishler
STREET ADDRESS 8435 AFTON LANE
CITY-ST-ZIP Port Richey, FL 34668

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

815 1477

Daytime Phone #

CR2E034 19/99