

DOCUMENT # *P98000005847*

6/2

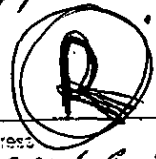
FILED
Sep 07, 2000 8:00 am
Secretary of State

06-27-2000 90004 007 ***150.00
09-07-2000 90058 015 ***400.00

1. Entity Name
CCBB QB Inc.

Principal Place of Business
*2364 E. Tamiami Trail
Naples, FL 34112*

Mailing Address
*2364 E. Tamiami Tr
Naples, FL 34112*



2. Principal Place of Business
2650 S. Tamiami Trail

3. Mailing Address
2650 E. Tamiami Tr.

Suite, Apt., #, etc.
Suite E

City & State
Naples FL

Zip
34112

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486534

5. Certificate or Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
*Breidigan James P
2650 E. Tamiami Trail Ste E
Naples, FL 34112*

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]*

Signature, typed or printed name of registered agent and local address. (NOTE: Registered Agent's 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 pack)

FILE NOW!!! FEE IS \$150.00
After MAY 17 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 <i>PO</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Breidigan James P</i>		NAME	
STREET ADDRESS <i>2650 E. Tamiami Trail Ste E</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Naples FL 34112</i>		CITY-ST-ZIP	
TITLE <i>SFT/PO</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>Breidigan, Sandra</i>		NAME	
STREET ADDRESS <i>2650 E. Tamiami Trail Ste E</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Naples FL 34112</i>		CITY-ST-ZIP	
TITLE <i>VP/D</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>Breidigan, Adrienne</i>		NAME	
STREET ADDRESS <i>2650 E. Tamiami Tr Ste E</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Naples FL 34112</i>		CITY-ST-ZIP	
TITLE <i>STO</i>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Breidigan John T</i>		NAME	
STREET ADDRESS <i>2650 E. Tamiami Tr Ste E</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Naples FL 34112</i>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.0713(1), 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 as changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *[Signature]*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CH22F03119-000