

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90042 037 ***150.00

DOCUMENT # P98000005847

1. Entity Name
CCBB JB, INC.

Principal Place of Business

**2650 TAMiami TRAIL
 NAPLES FL 34112**

Mailing Address

**2650 TAMiami TRAIL
 NAPLES FL 34112**

00009314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2650 Airport Rd.

2650 Airport Rd S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
E Naples FL

City & State
E Naples FL

4. FEI Number **59-3486534**

Applied For
 Not Applicable

Zip
34112

Country
Collier, USA

Zip
34112

Country
Collier, USA

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

**BREIDIGAN, JAMES P
 2364 E. TAMiami TRAIL
 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]* 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, 2001 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	<input type="checkbox"/> Delete
NAME	BREIDIGAN, JAMES P	
STREET ADDRESS	2253 ARBOUR WALK CIRCLE, #526	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BREIDIGAN, JOHN T	
STREET ADDRESS	2364 E. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34112	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrienne Breidigan	
STREET ADDRESS	2650 Airport Rd.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Breidigan	
STREET ADDRESS	2650 Airport Rd.	
CITY-ST-ZIP	Naples, FL 34112	
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: *[Signature]* James Breidigan x 1/18/01 0941-417-1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)