

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017184

1. Entity Name

B & L PRODUCTS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90003 009 ***158.75

Principal Place of Business

Mailing Address

11005 SE 66TH TERRACE
STE 2
BELLEVUE FL 34420

P.O. BOX 5807
MARION FL 34472-3102

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

324 CYPRESS ROAD

Suite, Apt. #, etc.

324 CYPRESS ROAD

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-3492760

Applied For

Not Applicable

Zip

34472

Country

USA

Zip

34472

Country

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

EAGERTON, BOBBY
21 HICKORY TRACK WAY
OCALA FL 34472

Name

BOBBY EAGERTON

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

3104 SE 13th STREET

City

OCALA

FL

Zip Code

34471

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

Bobby Eagerton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/00

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 ☐ Delete
NAME P
STREET ADDRESS EAGERTON, BOBBY
CITY-ST-ZIP 21 HICKORY TRACK WAY
OCALA FL 34472

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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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:

Bobby Eagerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

800-341-8823

Daytime Phone #