

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028068

1. Entity Name

BILLY BAGGETT ENTERPRISES INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90224 018 \*\*\*150.00

Principal Place of Business

Mailing Address

300 COLUMBIA DRIVE #3504  
CAPE CANAVERAL FL 32920

300 COLUMBIA DRIVE #3504  
CAPE CANAVERAL FL 32920-5106

2. Principal Place of Business

150 W. ALACHUA LN.

3. Mailing Address

150 W. ALACHUA LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa Beach, FL.

City & State

Cocoa Beach, FL.

4. FEI Number

59-3505808

Applied For

Not Applicable

Zip

32931

Country

U.S.

Zip

32931

Country

US

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

BAGGETT, BILLY  
300 COLUMBIA DRIVE #3504  
CAPE CANAVERAL FL 32920

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, 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	P	<input type="checkbox"/> Delete
NAME	BAGGERS, WILLIAM	
STREET ADDRESS	300 COLUMBIA DR. # 3504	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAGGETT, STEPHEN D	
STREET ADDRESS	120 A JACKSON AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELLIOTT, TIMOTHY	
STREET ADDRESS	1415 S. LESTER CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTYE C. BAGGETT	
STREET ADDRESS	150 W. ALACHUA LN.	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY ELLIOTT	
STREET ADDRESS	1415 S. LESTER CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
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:

Billy Baggett President  
BILLY BAGGETT

Date

Daytime Phone #

CR2E034 (9/99)