

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90069 025 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000050738**  
 1. Entity Name  
**F & B VENTURES, INCORPORATED**

Principal Place of Business Mailing Address  
**3936 SOUTH SEMORAN BLVD. SUITE 151** **3936 SOUTH SEMORAN BLVD. SUITE 151**  
**ORLANDO FL 32822** **ORLANDO FL 32822**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3597086** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRAUN, HEINZ J**  
**3936 SOUTH SEMORAN BLVD, SUITE 151**  
**ORLANDO FL 32822**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK, DAVID W 3936 SOUTH SEMORAN BLVD., SUITE 151 ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Heinz J. Braun <input type="checkbox"/> Delete 3936 South Semoran Suite 151 Orlando, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara J. Braun 3936 South Semoran Boulevard Suite 151 <input type="checkbox"/> Change <input type="checkbox"/> Addition Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Heinz J. Braun <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3936 South Semoran Boulevard Suite 151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orlando, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Heinz J. Braun President 28 March 2002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50400



DO NOT WRITE IN THIS SPACE

CPREC04 (9/01)