

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90046 025 ***150.00

DOCUMENT # P98000089280

1. Entity Name
B & B FOOD VENTURES, INC.

Principal Place of Business
**1604 IDLEWILD AVE
GREEN COVE SPRINGS FL 32043**

Mailing Address
**P O BOX 2246
HIGH SPRINGS FL 32655**

80012276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3538606

Applied For
Not Applicable

Zip Country

Zip Country

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

**BROWNING, D HOLTON III
210 NE 5TH AVE
HIGH SPRINGS FL 32643**

Name **Holton L. Browning**
Street Address (P.O. Box Number is Not Acceptable)
210 NE 5th Ave
City **High Springs, FL** Zip Code **32655**

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 **Holton Browning** DATE **1/16/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **BROWNING, DOZIER H III**
STREET ADDRESS **210 NE 5TH AVE**
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE **VP** ☒ Change ☐ Addition
NAME **Browning, Diovanna C**
STREET ADDRESS **PO Box 2246**
CITY-ST-ZIP **High Springs, FL 32655**

TITLE **VP** ☐ Delete
NAME **BROWNING, HOLTON L**
STREET ADDRESS **233 PRINGLE CIR APT D**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **VP** ☒ Change ☐ Addition
NAME **Browning, Holton L**
STREET ADDRESS **PO Box 2246 / 210 NE 5th Ave**
CITY-ST-ZIP **High Springs, FL 32655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: **Holton Browning** DATE **1/16/02** 386-454-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)