

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90109 006 ***158.75

DOCUMENT # P98000095928

1. Entity Name
BIGGER AND BETTER ENTERPRISES, INC.

901045



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**923 ARDILLITA COURT
 WINTER SPRINGS FL 32708**

Mailing Address
**923 ARDILLITA COURT
 WINTER SPRINGS FL 32708-4720**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 195864
 Suite, Apt. #, etc.

City & State
Winter Springs FL

Zip
32719

4. FEI Number
59-3540490

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

6. Name and Address of Current Registered Agent

**GLEATON, THOMAS
 923 ARDILLITA CT
 WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name
Alexis Adams - Gleaton
 Street Address (P.O. Box Number is Not Acceptable)
923 Ardillita Ct
Winter Springs
 City **Winter Springs** **FL** Zip Code **32708**

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 *Alexis Gleaton* **Alexis Gleaton** 1/5/2000
 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	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEATON, THOMAS L		NAME		
STREET ADDRESS	923 ARDILLITA COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEATON, ADAMS		NAME	Alexis Adams - Gleaton	
STREET ADDRESS	923 ARDILLITA CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Alexis Adams - Gleaton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Secretary	
STREET ADDRESS			STREET ADDRESS	923 Ardillita	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alexis Adams - Gleaton	
STREET ADDRESS			STREET ADDRESS	923 Ardillita	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Alexis Adams - Gleaton* **Alexis Adams - Gleaton** 1/5/2000 407 977 5143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)