

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098384

1. Entity Name

B.B. ENTERPRISES OF TAMPA BAY, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90006 010 ***150.00

Principal Place of Business

Mailing Address

2110 DREW STREET SUITE #220
CLEARWATER FL 33765

2110 DREW STREET SUITE #220
CLEARWATER FL 33765-3231

2. Principal Place of Business

3. Mailing Address

93479th ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Pete

FL

4. FEI Number

59-3541971

Applied For

Not Applicable

Zip

Country

Zip

Country

33702

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

WILLS, WENDY L
2700 GULF BLVD. #3
INDIAN ROCKS BEACH FL 33785

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

Wendy L Wills

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☒ Addition

PD
WILLS, WENDY L
2700 GULF BLVD. #3
INDIAN ROCKS BEACH FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

VPD
ALESSI, LOUE
1329 LOTUS PATH
CLEARWATER FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

☐ Change

☐ Addition

SD
MURRAY, THOMAS E
2110 DREW ST., STE. #220
CLEARWATER FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

☐ Change

☐ Addition

TD
CONDON, TIMOTHY T
2110 DREW ST., STE. #220
CLEARWATER FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

ADDRESS
ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

ADDRESS
ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000

578-2115
727-0030300

CR2E034 (9/99)