

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90296 006 \*\*\*150.00

801545

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000104038

1. Entity Name

BBD'S, INC.

Principal Place of Business

Mailing Address

7335 LITTLE ROAD

7335 LITTLE ROAD

NEW PORT RICHEY FL 34654

NEW PORT RICHEY FL 34654-5521

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

59-3545276

Applied For

Not Applicable

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

HARRIS, GLENN

7335 LITTLE ROAD

NEW PORT RICHEY FL 34654

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	DP	Delete	TITLE		Change	Addition
NAME	HARRIS, GLENN		NAME			
STREET ADDRESS	7335 LITTLE ROAD		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP			
TITLE	DST	Delete	TITLE		Change	Addition
NAME	PETERSON, COLLETTE		NAME			
STREET ADDRESS	7335 LITTLE ROAD		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: [Signature]

1/10/00 727-841-7070

Date Daytime Phone #