

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104038

1. Entity Name
BBD'S, INC.

Principal Place of Business
7335 LITTLE ROAD
NEW PORT RICHEY FL 34654

Mailing Address
7335 LITTLE ROAD
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

2577 Dolly Bay DR
#301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

Country

34684

Country

U.S. A.

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, 2001 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
NAME HARRIS, GLENN
STREET ADDRESS 7335 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE DP
NAME Harris Glenn
STREET ADDRESS 2577 Dolly Bay DR #301
CITY-ST-ZIP Palm Harbor FL 34684 ☒ Change ☐ Addition

TITLE DST
NAME PETERSON, COLLETTE
STREET ADDRESS 7335 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE DST
NAME Peterson, Collette
STREET ADDRESS 2577 Dolly Bay DR #301
CITY-ST-ZIP Palm Harbor FL 34684. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

727-942-7210

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90002 043 ***150.00

004100



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)