

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90111 016 ***150.00

DOCUMENT # P99000018788

1. Entity Name
B & B ROD, INC.

Principal Place of Business Mailing Address
4316 CHARLESTON LANE 4316 CHARLESTON LANE
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-7335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4316 Charleston Lane 4316 Charleston Ln
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JAY, FL JAY, FL

Zip Country Zip Country
32210 Duval 32210 Duval

4. FEI Number Applied For
59-3559183 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT
4316 CHARLESTON LANE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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]* **President** DATE **4/16/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	ROBERT RODRIGUEZ
STREET ADDRESS	4316 Charleston Lane
CITY-ST-ZIP	JAY, FL 32210
TITLE	See / Treas <input type="checkbox"/> Delete
NAME	Betty Rodriguez
STREET ADDRESS	4316 Charleston Ln
CITY-ST-ZIP	JAY, FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]* **Sec/Treas** Date **4/16/00** Daytime Phone # **904/317/9691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)