

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021902

1. Entity Name

BBA ENTERPRISES INC

FILED
Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90712 001 ***550.00

07-05-2000 90712 002 *****8.75

Principal Place of Business

30735
 30623 SWAN ROAD
 SORRENTO FL 32776

Mailing Address

30623 SWAN ROAD
 SORRENTO FL 32776-8533

2. Principal Place of Business

30735 SWAN ROAD

3. Mailing Address

30623 SWAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SORRENTO FLORIDA

City & State

SORRENTO FLORIDA

Zip

32776

Country

USA

Zip

32776

Country

USA

4. FEI Number

59-3564779

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, BILL
 30623 SWAN ROAD
 SORRENTO FL 32776

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, 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

TITLE **PRESIDENT** ☐ Delete

NAME **BILL WALKER**

STREET ADDRESS **30623 SWAN ROAD**

CITY-ST-ZIP **SORRENTO FLORIDA 32776**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **EILEEN WALKER**

STREET ADDRESS **30623 SWAN ROAD**

CITY-ST-ZIP **SORRENTO FLORIDA 32776**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **JO C. HORN**

STREET ADDRESS **30824 SWAN ROAD**

CITY-ST-ZIP **SORRENTO FLORIDA 32776**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BILL WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2:034 (1/99)