

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90071 041 ***150.00

DOCUMENT # **P99000050820**
 1. Entity Name
B + B CONCESSIONS INC ✓


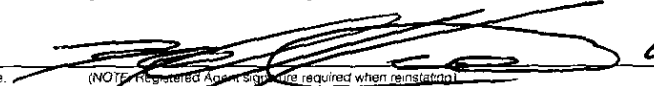
Principal Place of Business Mailing Address
DAYTONA Bch (DB 13) **311 Butler Bl DAYTONA Bch FL 32118**

2. Principal Place of Business 3. Mailing Address
Concession on DAYTONA Bch **See above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DB 13
 City & State City & State
 Zip Country Zip Country
USA

A0061717

DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Dean G. Pepe **Brad Hoisington**
213 Silver Beach Ave **311 Butler Bl.**
Daytona Beach FL 32118 **Daytona Bch FL 32118**

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   **4/27/00**
 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRAD HOISINGTON | | NAME | | |
| STREET ADDRESS | 311 Butler Bl | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA Bch FL 32118 | | CITY-ST-ZIP | | |
| TITLE | V. P. | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOB TRUDEAU | | NAME | | |
| STREET ADDRESS | 311 Butler Bl | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA Bch FL 32118 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/27/00** **904-258-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-2E034 (9/99)