

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056404

1. Entity Name

BBL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

(SAME)

**314 SIGNATURE TERRACE
SAFETY HARBOR, FL 34695**

FILED

**Sep 07, 2000 8:00 am
Secretary of State**

09-07-2000 90058 030 ***150.00

2. Principal Place of Business

314 SIGNATURE TERRACE

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

Zip

34695

Country

Zip

Country

4. FEI Number

13-4068817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DAVID WELLS

314 SIGNATURE TERRACE

SAFETY HARBOR, FL 34695

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

David L Wells
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

7-16-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

DAVID WELLS

314 SIGNATURE TERRACE

SAFETY HARBOR, FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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)(l), 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

8-25-00

DATE

(313) 331-0330

DAYTIME PHONE #

CR2E034 (9/99)