

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90141 037 ***150.00

DOCUMENT # P99000056404

1. Entity Name
BBL ENTERPRISES INC.



Principal Place of Business
**314 SIGNATURE TERRACE
SAFETY HARBOR FL 34695**

Mailing Address
**314 SIGNATURE TERRACE
SAFETY HARBOR FL 34695**



2. Principal Place of Business

3. Mailing Address
2519 McMullen Booth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
510-198

CHECK HERE IF MAKING CHANGES

City & State

City & State
Clearwater, FL

4. FEI Number **13-4068817**

Applied For
 Not Applicable

Zip

Country

Zip
33761

Country
USA

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

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

Name **Nina Wells**
Street Address (P.O. Box Number is Not Acceptable)
2519 McMullen Booth Rd.
Suite 510-198
City **Clearwater** FL Zip Code **33761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Nina Wells**

DATE **1/21/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, DAVID 314 SIGNATURE TERRACE SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, NINA 314 SIGNATURE TERRACE SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF NINA WELLS**

DATE **1/21/03** DAYTIME PHONE # **(727) 223-2524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)