

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064362

1. Entity Name

S & B TRANSFER, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90020 045 ***150.00

Principal Place of Business

6508 EAGLE CREST DRIVE
MILTON FL 32570

Mailing Address

6508 EAGLE CREST DRIVE
MILTON FL 32570-6214

2. Principal Place of Business

7734 Navarre Pkwy
Suite, Apt. #, etc.
#409

City & State

Navarre, FL

Zip

32566

Country

Spain

3. Mailing Address

7734 Navarre Pkwy
Suite, Apt. #, etc.
#409

City & State

Navarre, FL

Zip

32566

Country

Spain



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCHARD, R. LANE
4477 LEGENDARY DRIVE SUITE 202
DESTIN FL 32541

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	D	<input type="checkbox"/> Delete
NAME	SPEAKMAN, BRIAN N	
STREET ADDRESS	6508 EAGLE CREST DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURLAND, K. SHEA	
STREET ADDRESS	6508 EAGLE CREST DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7734 Navarre Pkwy #409	
STREET ADDRESS	Navarre, FL 32566	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7734 Navarre Pkwy #409	
STREET ADDRESS	Navarre, FL 32566	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

850-983-6200

Daytime Phone #

CR2E034 (9/99)