

Never Received pre-printed form. Please waive penalties
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000073290**
1. Entity Name
Killer B's, Inc.

FILED
CLERK OF STATE
DIVISION OF CORPORATION
00 OCT 18 PM 3:26

Principal Place of Business
**1971 Lakeview Ave
Chuluota, FL 32766**
Mailing Address
**1971 Lakeview Ave
Chuluota, FL 32766**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3593257
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Brewer, John
1971 Lakeview Ave.
Chuluota, FL 32766**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**D Brewer, John
1971 Lakeview Ave
Chuluota, FL 32766**
Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**D, P Brewer, John
1971 Lakeview Ave
Chuluota, FL 32766**
Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**700003441597--9
-10/27/00--01015--013
- ****150.00 ****150.00**
Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
10/24
Change Addition
TITLE 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: **John P. Brewer** **10-11-00 (407) 359-1334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)