

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

DOCUMENT # **P 9-90000 91200**

1. Entity Name

CB+B INC



FILED

04 JAN -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4110 15th Ave W

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

4. FEI Number

650452763

Applied For

Not Applicable

Zip

34205

Country

Manatee

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

7. Name and Address of Current Registered Agent

Name

Brian Fellowes

Street Address (P.O. Box Number is Not Acceptable)

4110 15th Ave W

City

Bradenton

FL

Zip Code

34205

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

Brian Fellowes

President

12-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **President**
STREET ADDRESS **Brian Fellowes**
CITY-ST-ZIP **4110 15th Ave W
Bradenton FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200025970352
01/05/04--01017--029 **150.00

TITLE **VP**
NAME **Vice President**
STREET ADDRESS **CHRISTOPHER FELLOWES**
CITY-ST-ZIP **4908A 21st St W
Bradenton FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **Vice President**
STREET ADDRESS **HARRY WHITE**
CITY-ST-ZIP **311 40th St NW
Bradenton FL 34209**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Fellowes

President

12-29-03 941-745847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)