

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

DOCUMENT # **P 9-90000 91200**  
1. Entity Name  
**CB+B INC**



FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4110 15th Ave W**  
Suite, Apt. #, etc.

3. Mailing Address  
**same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Bradenton FL**  
Zip  
**34205**

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**Bradenton FL**  
Zip  
**34205**

4. FEI Number  
**650452763**  
Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 <b>P</b>	<b>President</b> Name <b>Brian Fellowes</b> STREET ADDRESS <b>4110 15th Ave W</b> CITY-ST-ZIP <b>Bradenton FL 34205</b>	TITLE <b>200025970352</b>	<b>01/05/04--01017--029 **150.00</b>
TITLE <b>VP</b>	<b>Vice President</b> Name <b>CHRISTOPHER FELLOWES</b> STREET ADDRESS <b>4908A 21st St W</b> CITY-ST-ZIP <b>Bradenton FL 34207</b>	TITLE	
TITLE <b>VP</b>	<b>Vice President</b> Name <b>HARRY WHITE</b> STREET ADDRESS <b>311 40th St NW</b> CITY-ST-ZIP <b>Bradenton FL 34209</b>	TITLE	
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

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** **941-745824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)