## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000091200

1. Entity Name C, B & B, INC.



**FILED** May 12, 2003 8:00 am Secretary of State 05-12-2003 90208 039 \*\*\*150.00 ₹

Principal Place of Business 357 6TH AVENUE WEST			Mailing Address 4110 15TH AVE W					
BRADENTON FL 34203			BRADENTON FL 34205			1 680 1188 1166 1000 1611 6811 6811 88	!! <b>       </b>	<b>                                    </b>
4110 15+ are W								
2. Principal Place of Business			3. Mailing Address			L CORLIGORI SIN TREID IRES MANNE ANNI CONTRA	11 MB1	<b>                 </b>
Suite, Apt. #, etc. Bradenton			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State		4.	FEI Number <b>65-0952763</b>	<del></del>	pplied For lot Applicable
3420	o's n	ountry Na natee	34205	Country US F	5. '	Certificate of Status Desired [	\$8.75 Ac Fee Requir	
	6. Name and	Address of Current I	Registered Agent			7. Name and Address of New Registered Agent		
FELLOWES, BRIAN					Name			
	s, drian Avenue West		Street Address (F		t Address (P.O. E	P.O. Box Number is Not Acceptable)		
BRADENTON FL 34203								
			City				FL Zip Co	de
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  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						<ol> <li>Election Campaign Financi</li> <li>Trust Fund Contribution.</li> </ol>		00 May Be
Make Check	Payable to Flo	rida Department of						
10. ;	DP	OFFICERS AND I		11.	AD	DDITIONS/CHANGES TO OFFICER		
	FELLOWES, B	RIAN	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	4110 15TH AV	/enue west		STREET ADDRES	is			
CITY-ST-ZIP	BRADENTON	FL 34205		CITY-ST-ZIP	<u> </u>			
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME + STREET ADDRESS			•	NAME STREET ADDRES				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE		<u> </u>	☐ Delete	TITLE	<del>                                     </del>		☐ Change	Addition
NAME				NAME			_ ,	
STREET ADDRESS				STREET ADDRES	is			
CITY-ST-ZIP	·			CITY-ST-ZIP				
TITLE NAME			☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS		ب <u>ب</u>	· · · ·	STREET ADDRES	s			{
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME	_			1
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES CITY-ST-ZIP	S			
TITLE			□ Delete	TITLE		····	☐ Change	Addition
NAME				NAME			;	_
STREET ADDRESS				STREET ADDRES	s			
CITY-ST-ZIP				CITY-\$T-ZIP				
indicated of the corp	on this report or s poration or the re	supplemental report is ceiver or trustee empo	true and accurate and that	my signature sha t as required by C	I have the same	119.07(3)(i), Florida Statutes. I furtl legal effect as if made under oath; da Statutes; and that my name app	that I am an office	r or director

**SIGNATURE:** 

attachment bottpggaa091200

I corresponded with Rob at your department +80118770 informed him that on 4.25.03- a family member in keystone Iteights Florida had a fire in her home. My family went up to, rebuild and consequently all bills were not made on time. This info can be verified by Fire Dept of Keystone Heights Plorida for a miss karin Holloran (my sister who had the prive) I was informed if a letter was written explaining the lateness of this fee all penalties would be waited

In light of my family's tragedy

Sincerely Brion & Felloves pres CB+B+nc