

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104851

1. Entity Name
B & S UNDERGROUND INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90587 003 ***150.00

Principal Place of Business 4528 WANDERING OAKS DRIVE JACKSONVILLE FL 32257	Mailing Address 4528 WANDERING OAKS DRIVE JACKSONVILLE FL 32257
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2. Principal Place of Business 1342 SHEFFIELD RD.	3. Mailing Address 1342 SHEFFIELD RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32259	Zip 32259
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YEOMANS, ALVIN 4528 WANDERING OAKS DRIVE JACKSONVILLE FL 32257	
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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME YEOMANS, ALVIN		NAME	
STREET ADDRESS 4528 WANDERING OAKS DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32257		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TERRY, ARTIE D		NAME	
STREET ADDRESS 12798 WILDERNESS LN W		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32258		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 lines empowered.

SIGNATURE: **AL YEOMANS** 2-11-01 904-24-3948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)