

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108839

1. Entity Name

B S & E OF GULF BREEZE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90063 029 ***150.00

Principal Place of Business

Mailing Address

132 HIGHPOINT DRIVE
 GULF BREEZE FL 32561

132 HIGHPOINT DRIVE
 GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

101 DUNCAN AVE.
 Suite, Apt. #, etc.

P.O. Box 9
 Suite, Apt. #, etc.

629722



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

4. FEI Number

59-3620936

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32562

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAMPS, BRITTON
 132 HIGHPOINT DRIVE
 GULF BREEZE FL 32561

Name

STAMPS, BRITTON

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

101 DUNCAN AVE.

City

GULF BREEZE

FL

Zip Code

32561

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

Britton Stamps

BRITTON STAMPS

3-22-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STAMPS, BRITTON	
STREET ADDRESS	132 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, EDWARD M III	
STREET ADDRESS	92 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, STEVEN W	
STREET ADDRESS	100 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPS, BRITTON	
STREET ADDRESS	101 DUNCAN DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Britton Stamps
 BRITTON STAMPS

3-22-00

Date

850-932-2982

Daytime Phone #

CR2E034 (9/99)