

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17337

1. Entity Name

BIG "B" CONTRACTORS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90135 029 ***150.00

Principal Place of Business

Mailing Address

311 ROSS ROAD
TALLAHASSEE FL 32310

311 ROSS ROAD
TALLAHASSEE FL 32310-7484

2. Principal Place of Business

311 Ross Road

Suite, Apt. #, etc.

3. Mailing Address

311 Ross Road

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

4. FEI Number 59-3037046

Applied For
Not Applicable

Zip Country
32310 United States

Zip Country
32310 United States

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

BROWN, RUSSELL S
311 ROSS RD
TALLAHASSEE FL 32310

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

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

(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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP
DVT BROWN, RUSSELL S. 311 ROSS ROAD TALLAHASSEE FL 32310 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

878-8758

Date

Daytime Phone #

CR2E034 (9/99)