

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90044 020 ***150.00

DOCUMENT # S54067

1. Entity Name

B & B INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 5151
 DEERFIELD BEACH FL 33442-5153
 US

BOX 5153
 DEERFIELD BEACH FL 33442-5153
 US

0010231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 970517

3. Mailing Address

P.O. Box 970517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek, FL

4. FEI Number

65-0289939

Applied For

Not Applicable

Zip

Country

33097

Zip

Country

33097

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

BATTLE, DAVID
 5700 N.W. 74TH PL. #203
 COCONUT CREEK FL 33073

Name

BATTLE, DAVID

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

8335 SW. 66th ST.

City

MIAMI

FL

Zip Code

33143

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

DAVID BATTLE

1-16-00

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	Delete
P	BATTLE, DAVID	P O BOX 5153 N/A	DEERFIELD BEACH FL	<input type="checkbox"/>
T	BATTLE, DAVID	P O BOX 5153 N/A	COCONUT CREEK FL	<input checked="" type="checkbox"/>
S	BOWMAN, LISA	P. O. BOX 5153	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Additor
P	BATTLE, DAVID	P.O. Box 970517	COCONUT CREEK, FL. 33097	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	BATTLE, LISA	P.O. Box 970517	COCONUT CREEK, FL. 33097	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 RECORDED BATTLE

1-16-00

(954) 520-8015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #