

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90066 012 ***158.75

DOCUMENT # 554067

1. Entity Name

B + B INFORMATION SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3558 COCO LAKE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

← SAME

DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK, FL.

City & State

4. FEI Number

65-0289939

Applied For

Not Applicable

Zip

Country

33073

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID BATTLE

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

3558 COCO LAKE DRIVE

City

COCONUT CREEK

FL

Zip Code

33073

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DAVID BATTLE
3558 COCO LAKE DRIVE
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID BATTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-03

Date

(954) 4151189

Daytime Phone #

CR2E034B (12/02)