

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14184

1. Entity Name  
BD & B OF FLORIDA, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90058 033 \*\*\*150.00

Principal Place of Business  
8006 E. SLIGH AVENUE  
TAMPA FL 33610

Mailing Address  
8006 E. SLIGH AVENUE  
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address  
120 FIFTH AVE. 11TH FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
NEW YORK NY

4. FEI Number 59-3106233

Applied For  
Not Applicable

Zip Country

Zip Country  
10011 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

GROENE, DELBERT  
8006 E. SLIGH AVENUE  
TAMPA FL 33610

Name GROENE BRIAN L.  
Street Address (P.O. Box Number is Not Acceptable)  
648 GILLETTE AVENUE  
City TAMPA FL Zip Code 33611

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 Brian L. Groene BRIAN L. GROENE 4-16-01  
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, 2001 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 PSD  
NAME GROENE, DELBERT ☐ Delete  
STREET ADDRESS 8006 E. SLIGH AVE.  
CITY-ST-ZIP TAMPA FL

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

TITLE D  
NAME JAMES, PHILLIP ☐ Delete  
STREET ADDRESS 910 S. 3RD.  
CITY-ST-ZIP CHAMPAGNE IL

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

TITLE VP  
NAME GROENE, BRIAN ☐ Delete  
STREET ADDRESS 8006 E SLIGH AVE  
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Brian L. Groene BRIAN L. GROENE 4-16-01 (813) 621-0063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0344837

CR2E034 (10/00)