

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90247 001 ***750.00

DOCUMENT # 297023

1. Entity Name

BUG-OUT SERVICE INC

Principal Place of Business

5951 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211-5628

Mailing Address

5951 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211-5628

14278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1104713**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELKER, PAUL
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	SESSIONS, JOHN F.	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input type="checkbox"/>
VS	SESSIONS, ELIZABETH C	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input checked="" type="checkbox"/>
EV	FELKER, PAUL J JR.	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input checked="" type="checkbox"/>
AV	MILTON, JOHN G SR	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Aish Treasurer			<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	JAMES, ROBERT S.	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	FELKER, GAREN	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SESSIONS, KEVIN	5951 ARLINGTON EXPRESSWAY	JACKSONVILLE, FL 32211	<input type="checkbox"/>	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

904 743-8272

Daytime Phone #

CR2FR34 (9/00)