

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 010 ***150.00

DOCUMENT # P01000037153

1. Entity Name

TAZ BUG BUSTERS, INC.

Principal Place of Business

551 APOLLO BLVD., #103
 MELBOURNE FL 32901

Mailing Address

551 APOLLO BLVD., #103
 MELBOURNE FL 32901

869341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

551 APOLLO BLVD #103

Suite, Apt. #, etc.

3. Mailing Address

PO Box 411600

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32901

Country

FLORIDA

City & State

MELBOURNE, FL

Zip

32941-1600

Country

FLORIDA

4. FEI Number

57-3713274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGANO, ALBERT S

551 APOLLO BLVD., #103

MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ALBERT LAGANO

5-30-02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	MARTINI, JOHN	
STREET ADDRESS	551 APOLLO BLVD., #103	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINI, KIM	
STREET ADDRESS	551 APOLLO BLVD., #103	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, JOHN	
STREET ADDRESS	PO Box 411600	
CITY-ST-ZIP	MELBOURNE, FL 32941-1600	
TITLE	STTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, KIMBERLY	
STREET ADDRESS	PO Box 411600	
CITY-ST-ZIP	MELBOURNE, FL 32941-1600	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY MARTINI

4/30/02

(321) 777-1106

Daytime Phone #

CR2E034 (9/01)

Attachment



869341

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2002

TAZ BUG BUSTERS, INC.
551 APOLLO BLVD., #103
MELBOURNE, FL 32901

Subject: TAZ BUG BUSTERS, INC.

Reference Number: P01000037153

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG

ANNUAL REPORTS SECTION

Enclosed for your information is a copy of the annual report/uniform business report.

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314