

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90097 011 ***150.00

0141942 AT

DOCUMENT # **P01000097985**

1. Entity Name
CUBBY MANAGEMENT, INC.



| | |
|--|--|
| Principal Place of Business 383 DANDELION CT. SPRING HILL FL 34606 | Mailing Address 383 DANDELION CT. SPRING HILL FL 34606 |
|--|--|



| | |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 5901 US Hwy 19 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Unit 11 |
| City & State | City & State New Port Richey FL |
| Zip | Country USA |

CHECK HERE IF MAKING CHANGES

| | |
|---|--|
| 4. FEI Number 59-3744020 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECKLEY, BARTLEY 383 DANDELION CT. SPRING HILL FL 34606 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VINE, RANDY 383 DANDELION COURT SPRING HILL FL 34606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Tammy Alexander 5901 US Hwy 19 Unit 11 New Port Richey FL 34682 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BECKLEY, BART 383 DANDELION COURT SPRING HILL FL 34606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

Attachment
10110523

P01000097985

Cubby Management
5901 US Hwy 19
Unit 11
New Port Richey, FL 34652

Florida Department Of State
Division of Corporation

Dear Sir or Madam

I spoke with your office about not receiving a renewal notice for our corporation. He instructed me to write a letter to explain not receive the notice and to forward the renewal along with \$150.00. I apologize for any incontinence and hope not to have any problems in the future. Please contact me at 727 845 5586 if you would need any further information.

Regard,

R. Vine

Randy Vine
President