2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90141 006 ***150.00

DOCUMENT # P02000024524

1. Entity Name
BYE BYE BUGS, INC.

Principal Place of Business	Mailing Address
1915 NORTH DALE MABRY HWY. SUITE 406 TAMPA FL 33607	1915 NORTH DALE MABRY HWY. SUITE 406 TAMPA FL 33607

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P O Box 247
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Crystal Beach FL
Zip / Country	Zip: 34681 / Country: US

4. FEI Number: 04-3611478 ☐ Applied For ☐ Not Applicable

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
VELONG, SAMUEL L 1915 N. DALE MABRY HWY SUITE 406 TAMPA FL 33607	Name: Samuel L Velong Street Address (P.O. Box Number is Not Acceptable): 990 Rolling Hills Dr City: Palm Harbor FL Zip Code: 34683

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] DATE 4/23/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VELONG, SAMUEL L	NAME	
STREET ADDRESS	P.O. BOX 247	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KATZ, JERRY	NAME	
STREET ADDRESS	3301 BAYSHORE BLVD. #901	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED [signature] X 4/23/03 (813) 873-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #