2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15893 1. Entity Name					Feb 07, 2000 8:00 am Secretary of State			
BUDD AI	RCRAFT ENTERPRISES, INC.		-		02-07-2000 90006			
Principal Place	e of Business	Mailing Address						
9311 ALVERNON DRIVE NEW PORT RICHEY FL 34655		9311 ALVERNON DRIVE NEW PORT RICHEY FL 34655-1601			809123			
2. Principal Pl	ace of Business	3. Mailing Address			. 1981)1886 (BI 11886 BIDD 1881 BIDD 1881 B			
11746 Suite, Apt.	IER LA	NE	I (1911) III 1141) IIII IIII IIII IIII IIIII IIIII DO NOT WRITE IN	THIS SPACE	.1 61611 1601			
City & State		City & State SPRING HILL, FL		4	43-1148405	├	pplied For ot Applicable	
34610	Country USA	34610	Country USA			\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7	. Name and Address of New Regist	tered Agent		
BUDD, MARK G. 9311 ALVERNON DRIVE NEW PORT RICHEY FL 34655				ddress (P.O	ss (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered affice or	registered	agent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE: R	egistered Agent signatu	ire required whe	en reinstating)	DATE		
O This pares			FEE IS \$150.0	00				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.				50.00 t of State	10. Election Campaign Financia Trust Fund Contribution.	☐ Added	May Be to Fees	
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICER		3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDD, MARK G. 9311 ALVERNON DRIVE NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUDI 1174 5PRI	D, MARK G. 8 DRIVER LANE ING HILL, FL 346	Change	<u>L.,</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BUDD, KAREN A. 9311 ALVERNON DRIVE NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUDE 11742	, KAREN A. 8 DRIVER LANE NG-HILL, FL-340	Change	<u> </u>	
TITLE	NEW-PONI-NUNEL FL	□ Delete	TITLE		116-11/60/12-5-10	☐ Change		
NAME . STREET ADDRESS CITY-ST-ZIP		·	, NAME STREET ADDRESS CITY-ST-ZIP	1		_		
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report as	signature shall b	ave the san	ne legal effect as it made under gath:	that I am an officer	r Block 12	

FILED