

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91726 024 ***150.00

DOCUMENT # F12376

1. Entity Name

BUDGET ENTERPRISES, INC.

Principal Place of Business

**902 E. NORTH BLVD
P. O. BOX 626
OKAHUMPKA FL 34762-0626
US**

Mailing Address

**902 E. NORTH BLVD
P. O. BOX 626
OKAHUMPKA FL 34762-0626
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2159778

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

**CASON, MARY JANE
FOURTH ST.
OKAHUMPKA FL 34762**

Name

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

27340 MAGNOLIA ST.

City

OKAHUMPKA

FL

Zip Code

34762

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CASON, RAYMOND T**
CITY-ST-ZIP **FOURTH ST.
OKAHUMPKA, FL 34762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **27340 MAGNOLIA ST**
CITY-ST-ZIP **OKAHUMPKA, FL. 34762**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FUSSELL, VICTORIA M**
CITY-ST-ZIP **125 ETHRIDGE MILL RD
MILNER GA 30257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CASON, MARY JANE**
CITY-ST-ZIP **FOURTH ST.
OKAHUMPKA, FL 34762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **27340 MAGNOLIA ST**
CITY-ST-ZIP **OKAHUMPKA FL 34762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Mary Jane Cason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

1/25/02

Date

3527283624

Daytime Phone #

CR2E034 (9/01)