2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:__

signature and typed or printed name of signing of Edward J. Wedelstedt

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F9600000928 BUBBA REALTY, INC. 01-30-2001 90064 006 ***150.00 Principal Place of Business Mailing Address 4655 N COLORADO BLVD 4655 N COLORADO BLVD DENVER CO 80216 DENVER CO 80216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1042517 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCPS TITLE ☐ Delete TITLE Change ☐ Addition WEDELSTEDT, EDWARD J NAME NAME 4655 N COLORADO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DENVER CO 80216** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEDELSTEDT, EDWARD J NAME NAME STREET ADDRESS 4655 N COLORADO BLVD STREET ADDRESS CITY-ST-ZIP **DENVER CO 80216** CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE 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 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.