

MAR-16-2001 FRI 09:52 AM BLACKSTONE LEGAL SUPP
000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H28978**

my name

BUSY BEES' HOME SERVICES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90080 037 ***150.00

Principal Place of Business Mailing Address
 1080 S. Rogers Circle 1080 S. Rogers Circle
 Boca Raton, FL 33487 Boca Raton, FL 33487

Principal Place of Business 3. Mailing Address

Use, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country Country

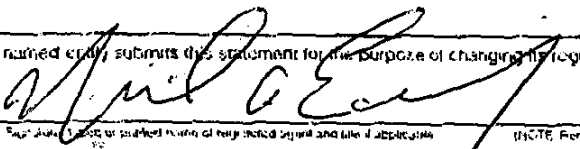
6. Name and Address of Current Registered Agent

~~MIKESXXXEARLYXX~~
~~1080XXXROGERSXXXCIRCLEXX~~
~~BOCAXRATONXXXFLXXX33487XX~~

7. Name and Address of New Registered Agent

Name **MILES A. EARLY**
 Street Address (P.O. Box Number is Not Acceptable)
1080 S. Rogers Circle
Boca Raton, FL 33487
 City **FL** Zip Code

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  **MILES A. EARLY** **March 20, 2001**

This corporation is eligible to satisfy its intangible
 Taxing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

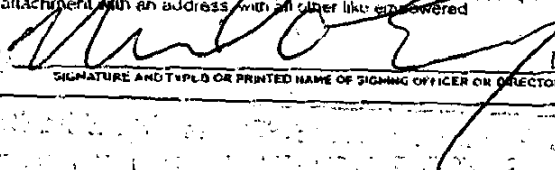
11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MILES A. EARLY	
STREET ADDRESS	1080 S. Rogers Circle	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE	ST	☐ Delete
NAME	TERESA HERNANDEZ	
STREET ADDRESS	1080 S. Rogers Circle	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:  **MILES A. EARLY, PRES.** **3/20/01**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR