2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the reco

SIGNATURE

FILED DOCUMENT # J96928 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State BUD CHILDERS & SONS, INC.** 03-30-2000 90023 040 ***150.00 Principal Place of Business Mailing Address 1142 OLD OKEECHOBEE RD., #7 1142 OLD OKEECHOBEE RD., #7 W PALM BEACH FL 33401 W PALM BEACH FL 33401 631411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0012067 Not Applicable Zip Zip Country \$8.75 Additional Country 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>eairclough, M</u>ichael Street Address (P.O. Box Number is Not Acceptable) GENERAL BUSINESS SERVICES COGO-PLUM PLAZA W PALM-BEACH-PL 33409: WHEN PALM DEACH GARTENS Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete TITI F NAME CHILDERS, ORIS R. STREET ADDRESS STREET ADDRESS 5300 BOSQUE LN #35 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE CHILDERS, ORIS R. NAME NAME STREET ADDRESS STREET ADDRESS 5300 BOSQUE LN #35 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL Addition ☐ Change ☐ Delete TITLE TITLE CHILDERS, MARIA G. NAME NAME 5300 BOSQUE LN #35 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change Addition TITLE Delete TITLE CHILDERS, MARK G. NAME STREET ADDRESS STREET ADDRESS 336 FOREST HILL BLVD. CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information sugo ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplement