

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90955 011 ***150.00

068551R FP

DOCUMENT # **J96928**

1. Entity Name
BUD CHILDERS & SONS, INC.



Principal Place of Business
1142 OLD OKEECHOBEE RD., #7
W PALM BEACH FL 33401

Mailing Address
1142 OLD OKEECHOBEE RD., #7
W PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0012067**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIRCLOUGH, MICHAEL
1120 PROSPERITY FARMS RD
#112.
PALM BEACH GARDENS FL 33410

Name
ORIS CHILDERS
Street Address (P.O. Box Number is Not Acceptable)
5300 BOSQUE LANE #35

City **WEST PALM BEACH** **FL** Zip Code **33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *(Signature)* (ORIS R. Childers)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSD CHILDERS, ORIS R.**
STREET ADDRESS **5300 BOSQUE LN #35**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **C CHILDERS, ORIS R.**
STREET ADDRESS **5300 BOSQUE LN #35**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD CHILDERS, MARIA G.**
STREET ADDRESS **5300 BOSQUE LN #35**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD CHILDERS, MARK G.**
STREET ADDRESS **5300 BOSQUE DR 35**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* (ORIS R. Childers)

Date

Daytime Phone #

4-4-03

(861-833-7130)

CR2E034 (10/02)