FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90082 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 33157

1. Entity Name: Budtson of Old Town, Inc.

DO NOT WRITE IN THIS SPACE

94053140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7470 46 Ave. No.	7470 46 Ave. No.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: St. Petersburg, Fl	City & State: St. Petersburg, Fl
Zip: 33709 Country: Pinellas	Zip: 33709 Country: Pinellas

4. FEI Number: 59-290-9256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Dorothy M Richason

Street Address (P.O. Box Number is Not Acceptable): 7470 46 Ave. No

City: St. Petersburg FL Zip Code: 33709

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 ______________________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Dorothy M Richason
STREET ADDRESS	7470 46 Ave. No
CITY-ST-ZIP	St. Petersburg, Fl 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy M Richason DOROTHY M. RICHASON 4/13/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034B (12/01)