FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90077 035 ***150.00

DOCUMENT # K 33157

1. Entity Name
Bud + Son of Old Town, Inc.
7470 46 Ave. No
St. Petersburg, Fl 33709-2506

DO NOT WRITE IN THIS SPACE

40046066

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: USA	Zip: 33709 Country: USA

4. FEI Number: 59-2909256 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY M. RICHASON 7470 46 Ave NO St. Petersburg, Fl 33709
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CR2E034B (12/01)

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 4/01/05 727-544-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #