

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 020 ***150.00

DOCUMENT # **K 33157**

1. Entity Name

Bud + Son, INC.
OF Old Town

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7470 46 Ave NO

Suite, Apt. #, etc.

3. Mailing Address

7470 46 Ave NO

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. Petersburg, FL

City & State

ST. Petersburg, FL

4. FEI Number

59-2909256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DOROTHY M. Richardson

Street Address (P.O. Box Number is Not Acceptable)

7470 46 Ave NO

City

ST. Petersburg

FL

Zip Code

33709

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$650.00

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. Richardson**
STREET ADDRESS **7470 46 Ave NO**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

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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. Richardson - DOROTHY M. Richardson

4/14/2003

727

644-3696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)