2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56590

1. Entity Name

MR. BUBBLES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90013 045 ***150.00

Principal Place of Business	Mailing Address
1294 N. CONGRESS AVENUE SUITE B WEST PALM BEACH FL 33463	P.O. BOX 590065 BIRMINGHAM AL 35259-0065

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0102257 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MECURIO, JOHN F 1920 BELL LANE WEST PALM BCH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLOUNT, W. HOUSTON		NAME		
STREET ADDRESS	4117 OLD LEEDS LANE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCNEIL, JOHN A.		NAME		
STREET ADDRESS	916 BAMBI DR		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLOUNT, DAVID D.		NAME		
STREET ADDRESS	3500 1ST AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35222		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MECURIO, JOHN F.		NAME		
STREET ADDRESS	1920 BELL LANE		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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

by ICS Mangmt, Inc, Agent

SIGNATURE: by FRANK BARGFIELD, Chairman 3/15/00 205-823-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #