

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 8:00 am**
Secretary of State

03-28-2001 90077 032 ***150.00

DOCUMENT # K56590

1. Entity Name

MR. BUBBLES, INC.

Principal Place of Business

**1294 N. CONGRESS AVENUE
SUITE B
WEST PALM BEACH FL 33463**

Mailing Address

**P.O. BOX 590065
BIRMINGHAM AL 35259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BLOUNT, W. HOUSTON	4117 OLD LEEDS LANE BIRMINGHAM AL				
	D	MCNEIL, JOHN A.	916 BAMBI DR DESTIN FL 32541				
	D	BLOUNT, DAVID D.	3500 1ST AVE SOUTH BIRMINGHAM AL 35222				
	D	MECURIO, JOHN F.	1920 BELL LANE W. PALM BEACH FL				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BAREFIELD, Manager

Date

Daytime Phone #

3/15/01 2051-39101

CR2E034 (10/00)