

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73721

1. Entity Name

BUD 'N DEE, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90013 024 ***150.00

Principal Place of Business

Mailing Address

10004 N. DALE MABRY
SUITE 102
TAMPA FL 33618

8907 FOX TRAIL
TAMPA FL 33626-3614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2938554

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHNEIDER, GERARD M.
8907 FOX TRAIL
TAMPA FL 33626

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, 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	VD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, GERARD M	
STREET ADDRESS	8907 FOX TRAIL	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, DELORES M.	
STREET ADDRESS	8907 FOX TRAIL	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODRICH, KRISTA L	
STREET ADDRESS	1570 KEYLAKE DR	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, MICHAEL H	
STREET ADDRESS	2851 AUGUSTA DR	
CITY-ST-ZIP	COMMERCE TOWNSHIP MI 48382	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DeLores M. Schneider DELORES M. SCHNEIDER 4-24-00 813-963-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)