2001 UNIFOR	M BUSINESS	REPORT	(UBR)
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SIGNATURE: ENERGY OF PRINTED NAME OF SIGNING MANAGE

DOCH	MENT # 1-0000	0010557								
1. Entity Name				FILED						
COVEY BUSTERS, L.L.C.										
Principal Place of Business Mailing Address				$\dashv$	01 MAR 15	PM 1:	04			
1502 WEST I	FLETCHER AVE STE 113	1502 WEST FLETCHER AV TAMPA FL 33612	/e., ste	113		SECRETAR' TAIL AHASS				
INMINICO	001E	7700 71 12 00012				TANLAHASS	EE, FLU	RIUA Matantan	1 <b>1</b> 1111 (22) (22)	
Principal Place of Business     3. Mailing Address					-					
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State	ity & State		4. FEI I	4. FEI Number Applied For				
Zip	Country	Zip				Not Applicable				7
·····	6. Name and Address of Current R			<u> </u>		ficate of Status Desired  e and Address of New F	Registered	Fee Require		-
	O. Harris 210 Address of Content to			Name	7. 140	V 4110 F401000 01 11011 1	- Carolina i	gen		1
GREER, JOHN C 1502 WEST FLETCHER AVE., STE 113			ŀ	Street Address (P.O. Box Number is Not Acceptable)					1	
TAMPA FL 33612			:							
				City			FL	Zip Code	е	
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	d office or regis	stered agent,	or both, in the State of Flo	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signature requ	lired when reinstati	ng)	DATE		<del></del>	
		FILE NO	W!!! F	EE IS \$50.0	0					1
,		Make Check Pay	able to	Departmen	t of State					
9.	MANAGING MEMBER	RS/MEMBERS	10.			ADDITIONS	/CHANGES		, .	┧_
TITLE	MANAGING MEMBER	Delete	TITLE NAME		•	•		☐ Change	☐ Addition	
NAME STREET ADDRESS	JUHN GREER FOR BAY 192 W. FLETCHER	WE STE 113		T ADDRESS						2
CITY-ST-ZIP	TAMPA, FL 33612		CITY-	ST-ZIP .	<del></del> _				<del></del> _	100
TITLE NAME		☐ Delete	TITLE	J		500003 -03/2	39,12	Change	- L Addition	18
STREET ADDRESS CITY-ST-ZIP		•		T ADDRESS		-U3/2 ****	*50.00	******* *****************************	-012 *50.00	
TITLE		☐ Delete	TITLE					Change	Addition	1
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CITY-ST-ZIP		☐ Delete	TITLE	51-ZIF	<del></del>			☐ Change	Addition	1
NAME	• •	<u> </u>	NAME	- 1				_ ,	<del>p</del>	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE		<del></del>	:		☐ Change	☐ Addition	]
NAME STREET ADDRESS			NAME STREE	T ADDRESS		1		•		
CITY-ST-ZIP			CITY-	ST-ZIP	<del></del>	<u> </u>			<del></del> -	
TITLE NAME		☐ Delete	TITLE NAME	1		:		Change	☐ Addition	
STREET ADDRESS				T ADDRESS	,	1				
CITY-ST-ZIP	of the second second			ST-ZIP	0 "	20/2/2				-
indicated	ertify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee and the company or the company or the receiver or trustee and the company or the company of the company or the comp	nis filing does not qualify for the nat my signature shall have the	ne exame	ption stated in	Section 119.6 if made unde	J/(З)(i), Florida Statutes. r oath; that I am a maлас rida Statiston	i turther cer ging membe	ruty that the it er or manage	ntormation or of the	
anned da	Omity company of the receiver of trustee (	SIMPORTED TO EXECUTE DAIS FE	TA	Papired Bylch	PHA (	PEPS	,			-

MENBUR MANAGER, OR AUTHORIZED REPRESENTATIVE