

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017823

FILED

2003 NOV 10 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034884

1. Entity Name
HAPPY HOMES, LLC



Principal Place of Business Mailing Address

**31 ISLAND WAY #1509
CLEARWATER FL 33767** **31 ISLAND WAY #1509
CLEARWATER FL 33767**

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
82-0578470

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUJAKE, GAIL C
31 ISLAND WAY #1509
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUJAKE, GAIL C	
STREET ADDRESS	31 ISLAND WAY #1509	
CITY-ST-ZIP	CLEARWATER FL 33767	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300024527923	
CITY-ST-ZIP	11/10/03--01004--003 **50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300024527923	
CITY-ST-ZIP	11/10/03--01004--004 **5.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gail C. Bujake* **CR2E083 (4/03)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Gail C. Bujake
31 Island Way # 1509
Clearwater, FL 33767

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2003 NOV 18 AM 8:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

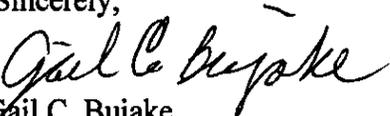
Florida Department of State
PO Box 6327
Tallahahassee FL 32314

Dear Sirs/Ms:

I just received your notice on the filing of the 2003 Uniform Business Report in Kentucky where I spend summers. The Post Office is a little slow in forwarding my mail. When I called, a lady in your office said I should send this letter explaining the reason for the delay.

I have enclosed the UBR form and a check for \$50. Another check for \$5 is enclosed for a Certificate of Status. Thank You.

Sincerely,


Gail C. Bujake

11/3/03