

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017823

DOCUMENT # L02000034884

1. Entity Name
HAPPY HOMES, LLC



FILED

2003 NOV 10 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

31 ISLAND WAY #1509
CLEARWATER FL 33767

Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0578470

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUJAKE, GAIL C
31 ISLAND WAY #1509
CLEARWATER FL 33767

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300024527923
11/10/03--01004--003 **50.00

TITLE
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CITY-ST-ZIP

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11/10/03--01004--004 **5.00

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

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

FILED
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