

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97322

1. Entity Name
BUBECK, INC.

Principal Place of Business
14404 NW 154TH TERRACE
ALACHUA FL 32615
US

Mailing Address
14404 NW 154TH TERRACE
ALACHUA FL 32615
US

2. Principal Place of Business
ABOVE

3. Mailing Address
ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ABOVE

City & State
ABOVE

Zip
32615

Country
USA

Zip
32615

Country
USA

4. FEI Number 59-2391367

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

STONE, BUD G.
14404 NW 154TH TERRACE
ALACHUA FL 32615

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, 2002 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
P
STONE, BECKY T.
14404 NW 154TH TERRACE
ALACHUA FL 32615 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
STONE, BUD G.
14404 NW 154TH TERRACE
ALACHUA FL 32615 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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: BECKY T. STONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 386-462-2182
Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90029 023 ***150.00



DO NOT WRITE IN THIS SPACE

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AV

CRE034 (9/01)