

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90048 024 ***150.00

DOCUMENT # P00000038834

1. Entity Name
WIREBUSTERS, INC.

Principal Place of Business
**316 NORTHEAST 4TH ST.
 FT. LAUDERDALE FL 33316**

Mailing Address
**WIREBUSTERS INC
 1126 S FEDERAL HWY BOX 199
 FT. LAUDERDALE FL 33316**

B0098827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1504 SYCAMORE ST
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 85
 Suite, Apt. #, etc.

City & State
HADDON HEIGHTS, N.J.
 Zip **08035** Country **USA**

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HADDON HEIGHTS, N.J.
 Zip **08035** Country **USA**

4. FEI Number **65-1002193**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOUSTON, BART A ESQ.
 316 NORTHEAST 4TH ST.
 FT. LAUDERDALE FL 33316**

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.

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 **PM** ☐ Delete
 NAME **ERNST, DOUGLAS**
 STREET ADDRESS **1504 SYCAMORE ST.**
 CITY-ST-ZIP **HADDON HEIGHTS NJ 08035**

TITLE **VPD** ☒ Delete
 NAME **RICHARDS, MARK D**
 STREET ADDRESS **6616 N. PETERSON RD.**
 CITY-ST-ZIP **SEDALIA CO 80135**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 856-546-0214
 Date Daytime Phone #

CR2E034 (9/01)