

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90723 045 ***150.00

061691 AT

DOCUMENT # P00000038834

1. Entity Name

WIREBUSTERS, INC.



Principal Place of Business
**1504 SYCAMORE ST.
HADDON HEIGHTS NJ 08035**

Mailing Address
**PO BOX 85
HADDON HEIGHTS NJ 08035**

2. Principal Place of Business
1504 Sycamore St.

3. Mailing Address
P.O. Box 85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Haddon Heights, N.J.

City & State
Haddon Heights, N.J.

4. FEI Number **65-1002193**

Applied For
Not Applicable

Zip Country
08035 USA

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08035 USA

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 **Bart Houston**
Street Address (P.O. Box Number is Not Acceptable)
Adorno & Yoss
350 E. Las Olas Blvd. 17th floor
City **Ft. Lauderdale, FL** Zip Code **33301**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PRESIDENT

4/28/03

856-546-6214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)