

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-5

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-19-2001 90034 028 ***150.00

DOCUMENT # P00000053520

1. Entity Name

BUSY BEAVER, INC.

Principal Place of Business
 10140 REGENCY PARK BLVD.
 PORT RICHEY FL 34668

Mailing Address
 10140 REGENCY PARK BLVD.
 PORT RICHEY FL 34668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2053 Grand Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Suite, Apt. #, etc.

4. FEI Number

59-3663378

Applied For

Not Applicable

Zip

34691

Country

Pasco

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINS, PATRICIA A
10140 REGENCY PARK BLVD.
PORT RICHEY FL 34668

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, 2001 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

TITLE **President** ☐ Delete
 NAME **Patricia A. Cummins**
 STREET ADDRESS **10140 Regency Park Blvd**
 CITY-ST-ZIP **Port Richey FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Patricia Cummins **Patricia Cummins** **1/9/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-442-4848

CR2034 (10/00)