

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115001

1. Entity Name

BUDDY ATKINS SALES, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90034 008 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1074
CRYSTAL RIVER FL 34423

P.O. BOX 1074
CRYSTAL RIVER FL 34423

2. Principal Place of Business

5220 W. GULF TO LAKE

3. Mailing Address

P.O. BOX 1074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLD. - A-

City & State

LECANTO, FL.

City & State

CRYSTAL RIVER, FL.

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

59-3702 922

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

EGAN, CHRIS S
20761 CHESTNUT ST
DUNNELLON FL 34431

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 Leslie T. Hargis OWNER/PRES. LESLIE T. HARGIS 3/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME HARGIS, LESLIE T
STREET ADDRESS P.O. BOX 1074
CITY-ST-ZIP CRYSTAL RIVER FL 34423

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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: Leslie T. Hargis OWNER/PRES. LESLIE T. HARGIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 352-746-6835

Date

Daytime Phone #

CR2E034 (10/00)