

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90139 030 ***150.00

DOCUMENT # P01000021089

1. Entity Name

BUDGET BUDGET, INC.

Principal Place of Business

**3911 55TH AVENUE NORTH
 ST PETERSBURG FL 33714**

Mailing Address

**3911 55TH AVENUE NORTH
 ST PETERSBURG FL 33714**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3703737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~GORDON, LYNDI ANN~~
~~2325 ULMERTON RD, STE 18~~
~~CLEARWATER FL 33762~~

7. Name and Address of New Registered Agent

Name **SCOTTY J STRUNK JR.**
 Street Address (P.O. Box Number is Not Acceptable)
3911 55 AVE N.
 City **ST. PETERSBURG** FL Zip Code **33714**

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 **SCOTTY J STRUNK**
 Signature, typed or printed name of registered agent and title if applicable.

SCOTTY J STRUNK JR.
 (NOTE: Registered Agent Signature required when reinstating)

15/05/02
 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, GHELDON L JR	
STREET ADDRESS	3911 55 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRUNK, SCOTTY J JR	
STREET ADDRESS	3911 55 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, CHERYL L	
STREET ADDRESS	3911 55 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SCOTTY J STRUNK JR.** **SCOTTY J STRUNK JR.** **04/05/02** **727-424-6307**
 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)