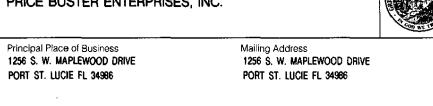
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

P01000088278

PRICE BUSTER ENTERPRISES, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90080 009 \*\*\*150.00

					OF WE 15						
•	e of Business APLEWOOD DRIVE CIE FL 34986	1256	Mailing Address 1256 S. W. MAPLEWOOD DRIVE PORT ST. LUCIE FL 34986								
2. Principal P	Place of Business	3. Ma	3. Mailing Address								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 59-3750				pplied For ot Applicable	-
Zip	Zip Country		Zip		Country		Certificate of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Cur	rent Register	ed Agent		T	7.	Name and Address of New R	egistered /	Agent		7
		المستنوعين المستنا			=Name						-[-
PRICE, DEBRA JAN 1256 S. W. MAPLEWOOD DRIVE					Street Address (P.O. Box Number is Not Acceptable)						-
PORT ST. LUCIE FL 34986											
					City			FL	Zip Cod	de	
the obligat	named entity submits this statement ions of registered agent.	ent for the purp	oose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Flo	rida. Lami	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if ap	olicable. (NOTE	: Registere	d Agent signature requ	ired when re	einstating)	DATE			1
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	.00 nt of State	ne e	11.	<u></u>	· ~	9. Election Campaign Fin Trust Fund Contribution	1.	Adde	May Be d to Fees	
	OFFICERS AND DIRECTORS					AL	DBITIONS/CHANGES TO OFF	OLINO AINL			16
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRICE, DEBRA JAN 1256 S. W. MAPLEWOOD DRIVE PORT ST. LUCIE FL 34986				1				☐ Change	Addition	70,077
TITLE			☐ Delete	TITLE	TITLE				☐ Change	Addition	7 5
NAME				NAM							`
STREET ADDRESS CITY-ST-ZIP	-				ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE	:				☐ Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		·	<u> </u>			+
TITLE			☐ Delete	TITLE			<u></u>	<u> </u>	☐ Change	Addition	1
NAME STREET ADDRESS				NAM: STRE	E et address						
CITY-ST-ZIP	,•				-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS				NAMI							
CITY-ST-ZIP					ET ADDRESS -ST-ZIP					•.	
TITLE			☐ Delete	TITLE	:				☐ Change	Addition	1
NAME				NAMI							
STREET ADDRESS				STRE	ET ADDRESS						

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 empo

**SIGNATURE:**