2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000097985

1. Entity Name

CUBBY MANAGEMENT, INC.



FILED Jul 25, 2003 8:00 am Secretary of State 07-25-2003 90097 011 ***150.00

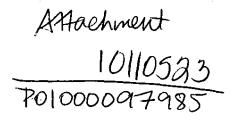
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Principal Plac	ce of Business		Mailing Add	ress									
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SPRING HILL FL 34606			Spring Hill FL 34606						•				
2. Principal P	Place of Busine	3. Mailing Address SGO/ US Hay 19						(1 00 31061 (11 00 361 (1 0 13 00 131 06 1((TO ILL OB ITO (1	[[]]] []]]]			
Suite, Apt.	# etc		Suite, Apt. #, etc.										
			Unit 11					☐ CHECK HERE IF MAKING CHANGES					
City & State			7000			hey FL		4. FE	59-3744020		No	oplied For ot Applicable	
Zip		Country	346	25	Pars	y 10_	_	5. Ce	ertificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent								7. Na	ime and Address of New Reg	istered A	gent		
Name													
BECKLEY		Ĥ	Channa A	ldan- (D	О Пе								
383 DANI	DELION CT.					Street Address (P.O. Box Number is Not Acceptable)							
SPRING HILL FL 34606								_	· · · · · · · · · · · · · · · · · · ·				
						City				FL	Zip Cod	e .	
the obligat	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 a registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
<u> </u>	Signature, typed o	r printed name of registered agent	and title if applicable.	(NOTE:	Registered	Agent signatur	re required w	when reins	stating)	DATE			
F	LE NOW!!!	FEE IS \$550.00	İ					İ					
After September 10, 2003 Fee will be \$750.00 Make, Check Payable to Florida Department of State								ļ	Election Campaign Finar Trust Fund Contribution.	icing		May Be to Fees	
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STREET ADDRESS CITY-ST-ZIP					STREET	- 1							

indicated on this report or supplemental report is true and account 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:

Date

Daytime Phone #



Cubby Management 5901 US Hwy 19 Unit 11 New Port Richey, FL 34652

Florida Department Of State Division of Corporation

Dear Sir or Madam

I spoke with your office about not receiving a renewal notice for our corporation. He instructed me to write a letter to explain not receive the notice and to forward the renewal along with \$150.00. I apologize for any incontinence and hope not to have any problems in the future. Please contact me at 727 845 5586 if you would need any further information.

Regard,

Randy Vine President