04-24-2003 90276 004 ***150.00
P02000047859

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047859

1. Entity Name
~~BUST~~ BEES CLEANING CONCEPTS, INC.
Busy

Principal Place of Business
414 PETALS RD
FT PIERCE, FL 34947

Mailing Address
414 PETALS RD
FT PIERCE, FL 34947

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
501 NW SELVITZ RD.	501 NW SELVITZ RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT. ST. LUCIE, FL	City & State: PORT ST. LUCIE, FL
Zip: 34983 Country: USA	Zip: 34983 Country: USA

4. FEI Number: 04-3653460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICTA REIS, RODOLPHO
414 PETALS RD
FT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name: VICTA, REIS RODOLPHO
Street Address (P.O. Box Number is Not Acceptable): 501 NW SELVITZ RD
City: PORT ST. LUCIE FL Zip Code 34983

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 X Rodolpho Reis 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PVTS NAME: VICTA REIS, RODOLPHO STREET ADDRESS: 414 PETALS RD CITY-ST-ZIP: FT PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 empowered.

SIGNATURE: X Rodolpho Reis 4/7/03 (772)370 6609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)