2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

1. Entity Name BUD'S PLACE INC					02-02-2004 90008 001 ***150.00		
Principal Place	e of Business	Mailing Address		<u> </u>	7		
2021 SW 70TH AVE 2021 SW 70TH AVE							
B-6 DAVIE FL 33317 DAVIE FL 33317							
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·2. Principal Pl	ace of Business	3. Mailing Address					
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Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E034 (11/03)		
B-6 B-6							
City & State City & State						plied For	
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Zip スス	317 Country	333/7	Zip Country		5. Certificate of Status Desired		
22			450.		7. Name and Address of New Registered Agent		
	6. Name and Address of Current I	nogratered Agent		Name	1. Henry and regarded of their tragicalists regard		
REA	LLOYDA						
202	REA, LLOYD A				Street Address (P.O. Box Number is Not Acceptable)		
B-6							
DAVIE FL 33317							
				City	FL Zip Cod	e	
A The above	named entity submits this statement for	the ourgose of changing it	ts register	ed office or regis	stered agent, or both, in the State of Florida. I am familiar with,	and accept	
	ions of registered agent.	. The parpoon of other gring .		•		•	
	-Letter owner				1-26-04		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registere	ed Agent signature req	J- 36-04 pured when reinstating) DATE		
Afte	ILE NOW!!!: FEE IS \$150.00 . 7 May 1, 2004 Fee will be \$550.00					O May Be to Fees	
then the set on the set	Revenue to Florida Department of	5-4-4-6-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			ACCUTIONS OF TAXOCCUTO OFFICERS AND BUSINESS	CILLA	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	Addition	
YITLE NAME	DUNER	☐ Delete	TITL NAN			L) Acciden	
STREET ADDRESS	Lhoya A. KEA	THOSE BURGE FORF		EET ADDRESS			
CITY-ST-ZIP	740 SW / 3400 TEERS	33325		(-ST-ZIP			
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TITLE NAME		□ Detent	NAM	-	C confi		
STREET ADDRESS	FRANCES D. PEA 740 SW. 1345 TEAL			EET ADDRESS	·		
CITY-ST-ZIP	Dave, Alm. 3332	مروب	CITY	/-ST-ZIP			
TITLE	<u> </u>	☐ Delete	1111	F	. Change	Addition	
NAME.			NAA		A CONTRACTOR OF THE CONTRACTOR	. – .	
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CITY-ST-ZIP				Y-ST-ZIP			
12. I hereby	certify that the information supplied with	n this filing does not qualify	for the exi	emption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the the same legal effect as if made under oath; that I am an office	information r or director	
of the co	on this report or supplemental report to reporation or the receiver or trustest emp	oweled to execute this lebs a nine and accousts studitus	ort as requ	aired by Chapter	reo7, Florida Statules; and that my name appears in Block 10 o	or Block 11 if	
changed	t, or on an attachment with an addless,	with all other like empowers	ed.				
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