2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000002043

1. Entity Name

BUDD FINANCIAL GROUP, INC.



FILED Jul 28, 2003 8:00 am Secretary of State 07-28-2003 90134 020 ***550.00

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Principal Place 9691 TRITON BOCA RATON US		Mailing Address 9691 Triton Court Boca Raton FL 33434 US			 	
2. Principal F	Place of Business	3. Mailing Address	<u> </u>			
11409		11409 Coral	Bay Dri	ve		
Suite, Apt.	•	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
	Raton FL	Boca Raton	F	L	4. FEI Number 65-0379369 Applied For Not Applica	
Zip 331	198 USA	33498	Country		5. Certificate of Status Desired See Required Fee Required	
ļ. —	6. Name and Address of Current F	Registered Agent	Nine		7. Name and Address of New Registered Agent	
BUDD, EL	OWIN J	and the second second	Name Street Ad	Edu dress (F	O. Box Number is Not Acceptable)	\dashv
	TON FL 33434			<i>V-</i>	COFAL Bay Drive	\dashv
ξ,	•	- ·	CityDo	·	Raton FL Zip 33498	<u> </u>
8. The above	named entity submits this statement for	the purpose of changing its rec	gistered office or	registere	Raton FL Zip 3d3 498 and agent, or both, in the State of Florida. I am familiar with, and acce	
	ions of registered agent.		-	•		
SIGNATURE.		E	lwin J.	Bud	ld President 7/23/03	Ì
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE: Re	egistered Agent signatur	re required v	when reinstating) DATE	_
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 c Payable to Floride Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	e
10.	OFFICERS AND D		11.	0 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\square
TITLE	PSTD BUDD, EDWIN J	☐ Delete	TITLE NAME		sident Kange Addit	ion
STREET ADDRESS	9691 TRITON CT		STREET ADDRESS	114	09 Coral Bay Drive	
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP	Boc	a Raton FL 33498	
THTLE		☐ Delete	TITLE		☐ Change ☐ Addit	ion
Name Street address			NAME Street address		•	- {
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME STREET ADDRESS			NAME OTREET ASSESSED			ł
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			}
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TITLE	<u> </u>	 □ Delete	TITLE		☐ Change ☐ Additi	ion
NAME		□ D≏ISE	NAME		□ Onange □ Adulii	J.,
STREET ADDRESS		j	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. hereby c	ertify that the information supplied with t	his filing does not qualify for the	exemption state	d in Sec	ction 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR