## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## FILED DOCUMENT # P93000025721 Feb 26, 2000 8:00 am Secretary of State BUSTER ENTERPRISES, INC. 02-26-2000 90039 027 \*\*\*150.00 Principal Place of Business Mailing Address 29160 US HWY 19 N 29160 US HWY 19 N CLEARWATER FL 33765-2130 CLEARWATER FL 33761-2400 ひひひかましてき 3. Mailing Address 2. Principal Place of Business 2054 WEAVER 2054 WEAVER HARK DR. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3175624 CLEARWATER, CLEARWATER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAYLES, LINDA Street Address (P.O. Box Number is Not Acceptable) 2054 WEAVER PARK DR 29160 US HIGHWAY 19 N CLEARWATER FL 33761 Zip Code 33765-2130 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. SIGNATURE ( ad or printed name of registered agent and the if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 17. **⊠** Change ☐ Delete TITLE TITLE YACOBELLIS, THOMAS NAME NAME 2054 WEAVER PARK DR. STREET ADDRESS STREET ADORESS. 29160 US HWY 19 N CLEARWATER, FL 33765-2130 CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33761** Change Change VSD TITLE Addition ☐ Delete TITLE NAME SAYLES, LINDA L NAME 2054 WEAVER PARK DR. CLEARWATER, FL 33765-2130 STREET ADDRESS STREET ADDRESS 29160 US HWY 19 N CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS ----- ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME 30.45 3 10 10 M ΑΠΠΡΕΟΟ STREET ADDRESS CITY-ST-ZIP ST-ZIP Addition Change Delete TITLE NAME STREET ADDRESS \_\_.fppnfgg CITY-ST-ZIP ST-7IP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.