

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P93000069275*

1. Entity Name
BUSY BEE REALTY, INC.

AMENDED

FILED

01 APR 26 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
*2100 Constitution Blvd.
STE #149
SARASOTA, FL. 34231*

Mailing Address
*2100 Constitution Blvd.
STE #149
SARASOTA, FL. 34231*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number *65-0440238*

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

*PATRICIA POSEY
2938 MAYFLOWER ST.
SARASOTA, FL. 34231*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Patricia Posey Pres.*

(NOT Registered Agent signature required when reinstating)

4/19/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *PVST* ☐ Delete
NAME *POSEY, PATRICIA*
STREET ADDRESS *2938 MAYFLOWER ST.*
CITY-ST-ZIP *SARASOTA, FL. 34231*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *LS*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *300004218893--5*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *05/16/01 01007-011*
******61.25 *****61.25*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed this report, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Patricia Posey President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 941 924-4223
Date Daytime Phone #

CR2E034 (11/00)