2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P94000029814 BUBBLE ENTERPRISES, INC. 04-12-2001 90053 025 ***150.00 Principal Place of Business Mailing Address 933 BEVILLE RD 101-E 2917 W HENRY ST S DAYTONA FL 32119 TAMPA FL 33614 14 E E 1 U US 2. Principal Place of Business 3. Mailing Address 5010 N <u>5010</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3237367 Iam Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Shoros Slovou 3361 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Saldana Nestor - SALDANA, NESTOR -----(Street Address (P.O. Box Number is Not Acceptable) 521 WILLNER C SANFORD FL 32771 City Zip Code 8. The above named entity subnities in statement for the purpose of changing its registered office or registered alent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition President ☐ Delete TITI F TITLE Mester Saldama 5010 N. Huke are SALDANA, NESTOR NAME NAME 2917 W HENRY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Change TITLE TITLE ory saltana NAME NAME Saldana 33625 I Mondrayon Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.