

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050995

1. Entity Name

JERRY R. BUDD, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90035 050 ***150.00

Principal Place of Business

4531 ALDERMAN RD
BOWLING GREEN FL 33834
US

Mailing Address

4531 ALDERMAN RD
BOWLING GREEN FL 33834-8992
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0508646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, DAVID M ESQ.
600 MADISON ST.
TAMPA FL 33602-4039

7. Name and Address of New Registered Agent

Name

JERRY R. BUDD

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

4531 ALDERMAN ROAD

City

BOWLING GREEN

FL

Zip Code

33034

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

Lydia Budd
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

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, 2000 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 ☐ Delete
NAME BUDD, JERRY R
STREET ADDRESS 4531 ALDERMAN RD
CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE ☐ Delete
NAME BUDD, LYDIA
STREET ADDRESS 4531 ALDERMAN RD
CITY-ST-ZIP BOWLING GREEN FL 33834

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

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

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

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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 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.

SIGNATURE:

Lydia Budd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

CR2E034 (9/99)