

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056654

1. Entity Name

BURKE'S BUST-A-BUG, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90033 012 ***150.00

Principal Place of Business

2454 ANDROS LN.
FORT LAUDERDALE FL 33312-4744

Mailing Address

2454 ANDROS LN.
FORT LAUDERDALE FL 33312-4744

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 **65-0609869**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, THOMAS
2454 ANDROS LN.
FORT LAUDERDALE FL 33312-4744

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

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 CS
NAME BURKE, JUDY
STREET ADDRESS 2454 ANDROS LANE
CITY-STATE-ZIP FORT LAUDERDALE FL 33312

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 *Judith P. Burke* Judith P. Burke - President 4-21-01 954-587-7274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)