

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001878

1. Entity Name

BUBBADUCK, INC.



**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90016 023 \*\*\*150.00

C0032877

Principal Place of Business

Mailing Address

5550 NW 44 ST.

5550 NW 44 ST.

#B106

#B106

LAUDERHILL, FL 33319

LAUDERHILL, FL 33319

2. Principal Place of Business

3. Mailing Address

8128 N. UNIVERSITY DR.

8128 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0638757

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAWN WEIKELD  
10596 SW 12 MANOR  
PENNSBORO PINES, FL 33025

Name

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

8128 N. UNIVERSITY DR.

City

TAMARAC

FL

Zip Code

33321

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]

Pres.

2-5-01

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  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHAWN WEIKELD  
CITY-ST-ZIP 10596 SW 12 MANOR  
PENNSBORO PINES, FL 33025

TITLE ☒ Change ☐ Addition  
NAME 8128 N. UNIVERSITY DR.  
STREET ADDRESS TAMARAC, FL 33321  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2-5-01

Date

(954)

126-7402

Daytime Phone #