

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049315

1. Entity Name

BUDDE & BUDDE MARKETING, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90065 019 ***150.00

Principal Place of Business

Mailing Address

228 CHAUCER LN
WINTER HAVEN FL 33884

228 CHAUCER LN
WINTER HAVEN FL 33884-3438

2. Principal Place of Business

3. Mailing Address

810 Carlton Ct.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0673085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUDDE, CHRISTINE D
228 CHAUCER LN
WINTER HAVEN FL 33884

Name

Same

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

810 Carlton Ct

City

Winter Haven

FL

Zip Code

33884

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

Christ Budd

4-27-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BUDD, DENNIS A
STREET ADDRESS ~~228 CHAUCER LN~~
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE Same
NAME Same
STREET ADDRESS 810 Carlton Ct.
CITY-ST-ZIP Winter Haven, FL 33884

TITLE VP
NAME MILAM, JACK R JR
STREET ADDRESS 2711 BISHOP ESTATES RD
CITY-ST-ZIP JACKSONVILLE FL 32259

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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:

Christ Budd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 863-324-1954

CR2E034 (9/99)