## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P96000054343 **DOCUMENT #**

1. Entity Name

BUGGS OF CENTRAL FLORIDA, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90230 012 \*\*\*150.00

				i	OD WE TEN						
	ace of Business		Mailing Address								
218 STRATH			218 STRATHY LANE WINTER PARK FL 32792			70013039					
{		WHITE	11 FARK FL 32/32				 				J <b>el Birds</b> ede i <b>ro</b> i
2. Principal Place of Business			3. Mailing Address			_					
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.			-	☐ CHECK	/ UEDE 15	. 4.4.4.7.15.1	0.000	
City & Sta	ite	City 8	& State		· · · · · · · · · · · · · · · · · · ·	4. FEIN	luma la a		MAKIN		
Zip Country						4. 12.11	59-33	85120			Applied For Not Applicable
	Country	Zip		Country	4	5. Certif	ficate of Status D	esired		<b>\$8.75</b> A Fee Requ	dditional
-	6. Name and Address of Curren	t Registered	Agent	- 1		7. Name	and Address o	f New Re	gistered		
MCCLELL	.and, James J		Name				,				
	ATHY LANE		Street Addres			(P.O. Box N	umber is Not Acc	eptable)			-
WINTER F	PARK FL 32789					<del>,</del>					
					City			·	FL	Zip Co	ode
<ol> <li>The above the obligation</li> </ol>	e named entity submits this statement titions of registered agent.	or the purpor	se of changing its	registered	office or registe	red agent, c	or both, in the Sta	te of Florid	da. Lam	familiar witi	n, and accept
SIGNATURE .											
	Signature, typed or printed name of registered agen	t and title if applic	able. (NOTE	E: Registered A	gent signature require	d when reinstatin	g)		DATE		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9	. Election Camp	aign Finar	ncina	¢ E	00 May Be
Make Check	Repair to Florida Department of	of State					Trust Fund Con				oo may be to Fees
10.	OFFICERS AND	DIRECTOR	3	11.		ADDITIO	ONS/CHANGES 1	O OFFICI	ERS AN	DIBECTO	3S IN 11
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CITY-ST-ZIP	WINTER PARK FL 32792			CITY-ST-	I						
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STREET ADDRESS	TELLO, JAVIER E 218 STRATHY LANE			NAME Street a	DODECC						
CITY-ST-ZIP	WINTER PARK FL 32792			CITY-ST-	I						
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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 10 or Block 11 if

SIGNATURE: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #