

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029139

1. Entity Name

BUDDY'S NETS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 019 ***150.00

Principal Place of Business

Mailing Address

6826 S. MACDILL
TAMPA FL 33611

PO BOX 13315
TAMPA FL 33681-3315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3441129**

Applied For

Not Applicable

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

CLYATT, GEORGE E SR.
848 180TH AVE E.
REDINGTON SHORES FL 33708

Name H. Earlene Clyatt
Street Address (P.O. Box Number is Not Acceptable)
848 180th Ave. East
Redington shores
City FL Zip Code 33708

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

(NOTE: Registered Agent signature required when reinstating)

4-17-00
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 VPT ☒ Delete
NAME EISCHEN, EARLENE
STREET ADDRESS 848 180TH AVE E.
CITY-ST-ZIP REDINGTON SHORES FL 33708

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

TITLE VPT ☐ Delete
NAME George E. Clyatt
STREET ADDRESS 848 180th Ave. E.
CITY-ST-ZIP Redington shores, FL 33708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(f), 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: H. Earlene Clyatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 (813) 831-4123

Date

Daytime Phone #

CR2E034 (9/99)