

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90355 029 ***150.00

DOCUMENT # P97000029139

1. Entity Name

BUDDY'S NETS, INC.

Principal Place of Business

**6826 S. MACDILL
TAMPA FL 33611**

Mailing Address

**PO BOX 13315
TAMPA FL 33681**

2. Principal Place of Business

3819 Bay Ave

3. Mailing Address

P.O. Box 13315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa FL

Zip

33616

Country

Hillsborough

Zip

33681

Country

Hills.

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

CLYATT, H E

848 180TH AVE E.

REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name

HE CLYATT

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

3819 Bay Ave

City

Tampa FL

FL

Zip Code

33616

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 **He Clatt**

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

(NOTE: Registered Agent signature required when reinstating)

4-12-02

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, 2002 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 **VPT** ☐ Delete
NAME **CLYETT, GEORGE E**
STREET ADDRESS **848 180TH AVE E.**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **377 WALK ABOUT LAKE**
CITY-ST-ZIP **Wetwood, NC 28626**

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

Daytime Phone #

CR2E034 (9/01)