

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90164 037 ***150.00

DOCUMENT # P97000073196

1. Entity Name

BUSY BEE REALTY OF CENTRAL FLORIDA, INC.



Principal Place of Business

**1214 CR 54
DAVENPORT FL 33896
US**

Mailing Address

**1214 CR 54
DAVENPORT FL 33896
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1214 RONALD REAGAN PARKWAY

DAVENPORT, FL

33896

US

Suite, Apt. #, etc.

RONALD REAGAN PARKWAY

DAVENPORT, FL

33896

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3463081**

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

3
STORM, SUZANNE K
1214 CR 54
DAVENPORT FL 33896

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **STORM, SUZANNE K**
STREET ADDRESS **1214 CR 54**
CITY-ST-ZIP **DAVENPORT FL 33896**

TITLE ☐ Change ☒ Addition
NAME **1214 RONALD REAGAN PARKWAY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUZANNE K STORM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 April 03 **863-420-0000**
Date Daytime Phone #

CR2034 (10/02)