2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 07, 2000 8:00 am Secretary of State DOCUMENT # P97000100451 DR. JOE BUGS HOME SERVICES INC. 05-07-2000 90032 024 ***150.00 Principal Place of Business Mailing Address 4900 NW 15TH STREET 4900 NW 15TH STREET **BAY 4488 BAY 4488** MARGATE FL 33063-3731 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 4900 NW 15H STREET 900 NW 15th STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEi Number 65-0815594 MARGATE UARGATL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 3688 CORAL TREE CIR **COCONUT CREEK FL 33073** Zip Code office or registered agent, or both, in the State of Florida of changing its register 8. The above named entity submits this statement for the purpose FILE NOW!!LEER 15 \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE SPARKS, MONIQUE H NAME 548 F- MENUE #8 4071 Co Co Plum CiR STREET ADDRESS STREET ADDRESS CORONADO CA-92118 COLONVT CREEK FL 33063 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE - Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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