

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90063 007 ***150.00

0174307 AV

DOCUMENT # P97000100451

1. Entity Name

DR. JOE BUGS HOME SERVICES INC.

Principal Place of Business

**4900 NW 15TH STREET
 BAY 4488
 MARGATE FL 33063**

Mailing Address

**4900 NW 15TH STREET
 BAY 4488
 MARGATE FL 33063**

2. Principal Place of Business

4900 NW 15TH ST

3. Mailing Address

4900 NW 15TH STREET

Suite, Apt. #, etc.

SUITE 4488

Suite, Apt. #, etc.

BAY 4488

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

BRONARD

Zip

33063

Country

BRONARD

6. Name and Address of Current Registered Agent

**HENRY, JOSEPH D
 3688 CORAL TREE CIR
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box addresses 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PS
 SPARKS, MONIQUE H
 4071 COLOPLUM CIR
 COCONUT CREEK FL 33063**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SPARKS, MONIQUE
 3688 CORAL TREE CIRCLE
 COCONUT CREEK FL 33073**

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Monique Sparks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/23/02 (954) 917-1073
 Daytime Phone #

CR2E034 (9/01)