

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**  
 05-24-2000 90047 035 \*\*\*150.00

**DOCUMENT # P97000101210**

**1. Entity Name**  
**TASTE BUDS, INC.**

**Principal Place of Business**      **Mailing Address**  
 2410 APALACHEE PKWY      2410 APALACHEE PKWY  
 TALLAHASSEE FL 32301      TALLAHASSEE FL 32301-4924

**2. Principal Place of Business**      **3. Mailing Address**  
 2410 Apalachee Pkwy      2410 Apalachee Pkwy  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Tallahassee, FL      Tallahassee, FL 32301  
 Zip      Zip  
 32301      USA  
 Country      Country  
 USA      USA



DO NOT WRITE IN THIS SPACE

**4. FEI Number**      59-3352791      **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**  
 LANGSTON, JUDY      Name  
 2410 APALACHEE PKWY      Street Address (P.O. Box Number is Not Acceptable)  
 TALLAHASSEE FL 32301      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: *Judy B. Langston*      DATE: 5-11-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      ☒      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**      **10. Election Campaign Financing**      ☐      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, JUDY		NAME	Judy Langston	
STREET ADDRESS	2410 APALACHEE PKWY		STREET ADDRESS	2410 Apalachee Pkwy	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULIK, DONNA		NAME		
STREET ADDRESS	2410 APALACHEE PKWY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, DUSKI		NAME		
STREET ADDRESS	2410 APALACHEE PKWY-		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Judy B. Langston*      DATE: 5-11-00      DAYTIME PHONE #: (850) 309-7348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)