

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90005 022 \*\*\*150.00

**DOCUMENT # P98000032198**

1. Entity Name  
**BUGGIN ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

1210 SE 6 TERR      1210 SE 6 TERR  
 POMPANO BEACH FL 33060      POMPANO BEACH FL 33060  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCGUIRE, LISA**  
**1210 SE 6 TERR**  
**POMPANO BEACH FL 33060**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCGUIRE, LISA</b>	
STREET ADDRESS	<b>1210 SE 6 TERR</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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      Date      Daytime Phone #

CR2E034 (5/00)

Attachment # P98000032198  
DW77832

AUGUST 5, 2000

TO FLA. DEPT. OF STATE (NATHAN)  
FROM: BUGGIN ENTERPRISES

AS PER MY CONVERSATION WITH NATHAN, I AM WRITING THIS LETTER TO INFORM YOU THAT I DID NOT RECEIVE MY 1<sup>ST</sup> NOTICE. HAD I RECEIVED IT I WOULD HAVE MAILED THE \$150.00 TO YOU.

PLEASE ACCEPT THIS CHECK AS PAYMENT IN FULL FOR THE YEAR 2000.

THANK YOU FOR YOUR HELP. I VERIFIED MY ADDRESS WITH NATHAN.

SINCERELY,



BILL MCGUIRE  
BUGGIN ENTERPRISES