

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91744 046 ***150.00

DOCUMENT # P98000032198
1. Entity Name
BUGGIN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1210 SE 6 TERR</u> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <u>P.O. BOX 11222</u> <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State <u>POMPANO BCH, FLA</u>	City & State <u>POMPANO BCH, FL</u>
Zip <u>33060</u>	Zip <u>33061</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>NOT APPL.</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>LISA MCGUIRE</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1210 SE 6 TERR</u>
City <u>Pomp Bch</u>
State <u>FL</u>
Zip Code <u>33060</u>

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 Lisa McGuire

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 <u>PRESIDENT</u>	NAME <u>LISA MCGUIRE</u>
STREET ADDRESS <u>1210 SE 6 TERR,</u>	CITY - ST - ZIP <u>POMP. BCH, FL 33060</u>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
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STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 02 954-781-2287
Date Daytime Phone #

CR2E034B (12/01)