

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # 998000049297

1. Entity Name

Buddy's Auto Service Center, Inc.



FILED

11 MAY 23 PM 12:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

301 West Cocoa Beach Esay

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Cocoa Beach, FL

City & State

4. FEI Number

59-3523545

Applied For

Not Applicable

Zip

32931

Country

BREVARD

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

George C. Zugen

Street Address (P.O. Box Number is Not Acceptable)

301 W. COCOA BEACH CAUSEWAY

COCOA BEACH, FL 32931

City

COCOA BEACH

FL

Zip Code

32931

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George C. Zugen

05/18/2011

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

BUBA335@JUNO.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

George C. Zugen - President/D
301 W. COCOA BEACH CAUSEWAY
COCOA BEACH, FL 32931

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President/D
FLORETA H. HIPP
1110 LAKE DRIVE
COCOA, FL 32922

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Floreta H. Hipp, Vice President

DATE

Daytime Phone #

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