

# 2000 UNIFORM BUSINESS REPORT (UBR).

FILED

ATX1

DOCUMENT # P98000053876

00 JUL 18 AM 11:51

1. Entity Name

(A)

STUFF BUSTERS INC

Principal Place of Business  
575-G BEAL PKWY  
FT WALTON BEACH, FL 32548

Mailing Address  
575-G BEAL PKWY  
FT WALTON BEACH, FL 32548

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

AMENDED \$61.25

4. FEJ Number  
59-3420151

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75  
Fee Required

Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRELL, JAMES R.

44 JONQUIL AVE  
FT WALTON BEACH, FL 32548

Name

POLK, JOHN B.

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

24 MEMORIAL PKWY

City

FT WALTON BEACH

FL

Zip Code  
32548

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

*John B. Polk*

JOHN B. POLK

6-9-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TERRELL, JAMES R.	
STREET ADDRESS	44 JONQUIL AVE	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POLK, JOHN P.	
STREET ADDRESS	575-G BEAL PKWY	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAM, STEPHEN D.	
STREET ADDRESS	2726 AUGUSTUS RD	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRELL, GLENDA A.	
STREET ADDRESS	44 JONQUIL AVE	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, JOHN B.	
STREET ADDRESS	24 MEMORIAL PKWY	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
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:

*John B. Polk*

JOHN B. POLK

PRES

6-9-00

(850) 863-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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\*\*\*\*\*61.25 \*\*\*\*\*61.25