

AMENDED

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

**DOCUMENT #** P98000053876

**1. Entity Name**  
STUFF BUSTERS INC

**Principal Place of Business**  
575-G BEAL PKWY

**Mailing Address**  
575-G BEAL PKWY

FT WALTON BEACH, FL  
32548

FT WALTON BEACH, FL  
32548

**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**

59-3518952

**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**

POLK, JOHN B.

24 MEMORIAL PKWY  
FT WALTON BEACH, FL 32548

**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**

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**

**\$5.00**

Trust Fund Contribution.

May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

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

**TITLE** VD ☒ Delete  
**NAME** TERRELL, GLENDA A.  
**STREET ADDRESS** 44 JONQUIL AVE  
**CITY - ST - ZIP** FT WALTON BEACH, FL 32548

**TITLE** PD ☐ Delete  
**NAME** POLK, JOHN B.  
**STREET ADDRESS** 24 MEMORIAL PKWY  
**CITY - ST - ZIP** FT WALTON BEACH, FL 32548

**TITLE** T ☒ Delete  
**NAME** WILLIAM, STEPHEN D.  
**STREET ADDRESS** 2726 AUGUSTUS RD  
**CITY - ST - ZIP** NAVARRE, FL 32566

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** 000003472940  
**STREET ADDRESS** -11/21/00--01079--07  
**CITY - ST - ZIP** \*\*\*\*\*61.25 \*\*\*\*\*07 25

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** T ☐ Change ☒ Addition  
**NAME** SMITH, JEFFERY G.  
**STREET ADDRESS** 230 OAKHILL AVE  
**CITY - ST - ZIP** FT WALTON BEACH, FL 32548

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ 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

PRES

10-26-00

(850) 863-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Amended UBR**

**FILED**  
**00 OCT 31 AM 10:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

(66)  
1000  
07 25

**KE**