

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91118 046 \*\*\*150.00

**DOCUMENT #** P98000053876

**1. Entity Name**  
 STUFF BUSTERS INC

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

FT WALTON BEACH, FL  
 32548

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
 59-3518952

☐ **Applied For**  
☐ **Not Applicable**

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

C0057254

**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, 2001 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLK, JOHN B.	
STREET ADDRESS	24 MEMORIAL PKWY	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TERRELL, GLENDA A.	
STREET ADDRESS	44 JONQUIL AVE	
CITY - ST - ZIP	FT WALTON BEACH, FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, JEFFERY G.	
STREET ADDRESS	230 OAKHILL AVE	
CITY - ST - ZIP	FT WALOTN BEACH, FL 32548	
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:**

*Glenda Terrell* GLENDA A. TERRELL

Date

(850) 863-2511

Daytime Phone #

CR2E034 (9/99)