

AMENDING 2002

Amend

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

ATX1

DOCUMENT # P98000053876

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
POLK, JOHN B.
24 MEMORIAL PKWY
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL

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. 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	TITLE		Change Addition
NAME	TERRELL, GLENDA A		NAME		
STREET ADDRESS	44 JONQUIL AVE		STREET ADDRESS		
CITY - ST - ZIP	FT WALTON BEACH, FL 32548		CITY - ST - ZIP		
TITLE	PD	Delete	TITLE		Change Addition
NAME	POLK, JOHN B		NAME		
STREET ADDRESS	24 MEMORIAL PKWY		STREET ADDRESS		
CITY - ST - ZIP	FT WALTON BEACH, FL 32548		CITY - ST - ZIP		
TITLE		Delete	TITLE	T	Change X Addition
NAME			NAME	SHEA C. GRADY	
STREET ADDRESS			STREET ADDRESS	2836 JACK NICKALUS WAY	
CITY - ST - ZIP			CITY - ST - ZIP	SHALIMAR, FL 32579	
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 3/26/2002 (850) 863-2511

CR2034 (9/99)