

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90411 005 ***150.00

DOCUMENT # P98000058822

1. Entity Name
SUDS BUSTERS, INC.

Principal Place of Business
315 CR 466
LADY LAKE FL 32159

Mailing Address
P O BOX 354
LADY LAKE FL 32159

2. Principal Place of Business

4063 CR 130
Suite, Apt. #, etc.

3. Mailing Address

4063 CR 130
Suite, Apt. #, etc.

City & State

Wildwood, Fla

City & State

Wildwood, Fla

4. FEI Number 59-3525446

Applied For

Not Applicable

Zip

34785

Country

Sumter

Zip

34785

Country

Sumter

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, DEBRA A
315 CR 466
LADY LAKE FL 32159

CHANGE
ADDRESS

7. Name and Address of New Registered Agent

Name

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

4063 CR 130

City

Wildwood

FL

Zip Code

34785

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

4-15-01

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, DEBRA A	
STREET ADDRESS	315 CR 466	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, DALE A	
STREET ADDRESS	315 CR 466	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4063 CR 130	
STREET ADDRESS	Wildwood, Fla	
CITY-ST-ZIP	34785	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4063 CR 130	
STREET ADDRESS	Wildwood, Florida	
CITY-ST-ZIP	34785	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01 (352) 247-5574

CR2E034 (10/00)