FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90567 033 ***150.00

DOCUMENT # P99000008256

1. Entity Name
Bug Away Specialists, Inc.

DO NOT WRITE IN THIS SPACE

759117

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2. Principal Place of Business	3. Mailing Address
6897 Philips Pkwy Dr N	6897 Philips Pkwy Dr. N.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Jacksonville Florida	City & State Jacksonville Florida
Zip 32256 Country US	Zip 32256 Country US

4. FEI Number 59-3556092 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name Ronald Stewart

Street Address (P.O. Box Number is Not Acceptable) 4308 Turnbull Drive

City St. Augustine **FL** Zip Code 32092

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 _____ 4-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electronically filing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Ronald Stewart
STREET ADDRESS	4308 Turnbull Dr.
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	Treasurer
NAME	Sharon Stewart
STREET ADDRESS	4308 Turnbull Dr.
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	Vice President
NAME	Marvin Borum
STREET ADDRESS	2532 Wattle Tree Rd. W.
CITY-ST-ZIP	Jax, FL 32246
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-1-02 904-940-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #