2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014595

1. Entity Name

BUBCO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

02-09-2000 90056 025 ***150.00

Principal Place of Business	Mailing Address
8844 4TH STREET NORTH ST. PETERSBURG FL 33702	8844 4TH STREET NORTH ST. PETERSBURG FL 33702-3124

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-355-8073** | Applied For | Not Appl.

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

6. Name and Address of Current Registered Agent

ERICKSON, BORIS R.
150 73RD AVENUE #215
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/CEO BORIS ERICKSON 150 73RD AVEN #215 ST. PETE, FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
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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 REQUIRED___ | 1-31-00 | 727-577-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #