

DOCUMENT # P99000033184

1. Entity Name

BUZBY ENTERPRISES, INC.

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

01-19-2000 90009 008 ***150.00

Principal Place of Business

5448 STAG THICKET LANE
PALM HARBOR FL 34685

Mailing Address

5448 STAG THICKET LANE
PALM HARBOR FL 34685-2524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

39-3570362

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMIESON, KEVIN
 5448 STAG THICKET LANE
 PALM HARBOR FL 34685

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

TITLE
NAMESTREET ADDRESS
CITY-ST-ZIP

D

JAMIESON, SHEILA
 5448 STAG THICKET LANE
 PALM HARBOR FL 34685

☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP

D

JAMIESON, KEVIN
 5448 STAG THICKET LANE
 PALM HARBOR FL 34685

☐ DeleteTITLE
NAMESTREET ADDRESS
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NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 #

CR25034 (9/99)