

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90038 042 \*\*\*150.00

DOCUMENT # P99000053375

1. Entity Name

Busterco, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4546 Highway 20 E

3. Mailing Address

4556 Barrington Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

59-3583799

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

30053089

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARGARET A. Price

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

4556 Barrington Lane

City

Niceville

FL

Zip Code

32578

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 Margaret A. Price MARGARET A. Price 4/2/00

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 President/Chairman  
NAME Margaret A. Price  
STREET ADDRESS 4556 Barrington Lane  
CITY-ST-ZIP Niceville FL 32578 ☐ Delete

TITLE P/C  
NAME Margaret A. Price  
STREET ADDRESS 4556 Barrington Lane  
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☐ Addition

TITLE Secretary/Treasurer/Managing Director  
NAME Thomas H. Price  
STREET ADDRESS 4556 Barrington Lane  
CITY-ST-ZIP Niceville, FL 32578 ☐ Delete

TITLE S/T/M  
NAME Thomas H. Price  
STREET ADDRESS 4556 Barrington Lane  
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET 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: Margaret A. Price MARGARET A. Price 4/2/00 850-897-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)