2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057735

1. Entity Name

BUGGY BAG, INC.

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Principal Place of Business Mailing Address T. 2 BOX 330 RT. 2 BOX 330 AKE CITY FL 32024 LAKE CITY FL 32024								
2. Principal Place of Business 3. Mailing Address						FALLI JEHEL CILI	 	HOL DIN KOOL
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS S	PACE	
te	City & State			4. F	El Number 59-363688 1			oplied For ot Applicable
Country	Zip	Coun	Country		Certificate of Status Desired			
6. Name and Address of Currer	nt Registered Agent			7. N	lame and Address of New R	egistered A	gent	
and allered to			Name					
· ·			Street Address (P.O. Box Number is Not Acceptable)					
E CITY FL 32024				· . · · 				
			City			FL	Zip Coc	e
named entity submits this statement	for the purpose of changing its	registere	d office or registe	ered age	ent, or both, in the State of Flo	rida.		
Shirle N. Ro	gers. Pres	ide	uh_	Shi	rley Rogers,	Α.	3:24	2001
Tax filing requirement and elects to do so. After MAY 1, 2001			will be \$550.00					May Be
OFFICERS AN	D DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFI	CERS AND		
P ROGERS, SHIRLEY W RT 2 BOX 330	☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition
ST ROGERS, SHARLA M RT. 2 BOX 330	☐ Delete	NAM STRE	E EET ADDRESS				☐ Change	☐ Addition
	Delete	NAM Stre	E ET ADDRESS	- 	State of the state	-	☐ Change	· []-Addition-
	☐ Delete	NAM Stre	e et address				☐ Change	☐ Addition
	☐ Celete	NAM Stre	E ET ADDRESS		***		Change	☐ Addition
	☐ Delete	TITLI NAM STRE	E EET ADDRESS				☐ Change	☐ Addition
	Country Cou	Place of Business 3. Mailing Address RT. 2 BOX 330 LAKE CITY FL 32024 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ERS, SHIRLEY W 2 BOX 330 E CITY FL 32024 Enamed entity submits this statement for the purpose of changing its Signature, typed or printed rappe of registered agent and title if applicable. (INOT After MAY 1, 20 Make Check Payal OFFICERS AND DIRECTORS P ROGERS, SHIRLEY W RT 2 BOX 330 LAKE CITY FL 32024 ST ROGERS, SHARLA M RT. 2 BOX 330 LAKE CITY FL 32024 Delete	Place of Business RT. 2 BOX 330 LAKE CITY FL 32024 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country Zip Country Zip Country ERS, SHIRLEY W 2 BOX 330 E CITY FL 32024 Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country ERS, SHIRLEY W 2 BOX 330 E CITY FL 32024 Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country ERS, SHIRLEY W 2 BOX 330 E CITY FL 32024 FILE NOW!!! FEE Make Check Payable to D OFFICERS AND DIRECTORS 12. PROGERS, SHIRLEY W RT 2 BOX 330 LAKE CITY FL 32024 ST ROGERS, SHARLA M RT. 2 BOX 330 LAKE CITY FL 32024 ST CITY Delete TITLE MAM STRE TITLE TITLE	A part of Business Mailing Address RT 2 BOX 330 LAKE CITY FL 32024 Place of Business 3. Mailing Address 4. etc. Suite, Apt. #. etc. Country Zip Country Zip Country Street, Address Street, Address Street, Address City Summed entity submits this statement for the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Summed entity submits this statement for the purpose of changing its registered office or regist Summed entity submits this statement for the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Summed entity submits this statement for the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or regist Part of the purpose of changing its registered office or r	Mailing Address RT. 2 BOX 330 LAKE CITY FL 32024 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country 5. C Country City & State City & State City & State A. F. Name Address of Current Registered Agent Name ERS, SHIRLEY W 2 BOX 330 ECITY FL 32024 City City City City City City City City City FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS The Country State OFFICERS AND DIRECTORS The Country City State City City	Mailing Address RT. 2 BOX 330 LAKE CITY FL 32024 Retc. Sulfic, Apt. #, otc. Country Zip Country 5. Certificate of Status Desired Country T. Name and Address of Current Registered Agent 7. Name and Address of New R Name Street Address (P.O. Box Number is Not Acceptable City State Pack SHIFILEY W 2 BOX 330 E CITY FL 32024 City City City City City City City Cit	Mailing Address RT. 2 BOX 330 LAKE CITY PL 32024 Suite, Apt. 6, etc. Do NOT WRITE IN THIS S Country Zip Country S. Certificate of Status Desired	Record Business Record Busines

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:

FILED

Mar 29, 2001 8:00 am Secretary of State