

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P99000061118

1. Entity Name

DUST BUSTERS GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90111 017 ***158.75

Principal Place of Business

Mailing Address

10026 S. US HWY. 1
 PORT ST. LUCIE FL 34952

10026 S. US HWY. 1
 PORT ST. LUCIE FL 34986-2480

2. Principal Place of Business

3. Mailing Address

3121 Opportunity CT.

3121 Opportunity CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE D

STE D

City & State

City & State

South DAYTONA FL

South DAYTONA FL

Zip

Zip

32119 FLORIDA

32119 FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585628

Applied For

Not Applicable

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

SERVICE, HOWARD
 10026 S. US HWY. 1
 PORT ST. LUCIE FL 34952

Name

HOWARD SERVICE

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

3121 Opportunity CT. STE D

City

South DAYTONA

FL

Zip Code

32119

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 file 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 **D** ☐ Delete
 NAME **SERVICE, HOWARD**
 STREET ADDRESS **10026 S. US HWY. 1**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 #

CR2E034 (9/99)