

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P99000090451

1. Entity Name

THE BUDD CORPORATION

Kirk M. Budd, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 7:56

Principal Place of Business

1757 BARN OWL WAY
PALM HARBOR FL 34683

Mailing Address

1757 BARN OWL WAY
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598579

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

BUDD, KIRK M
1757 BARN OWL WAY
PALM HARBOR FL 34683

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 \$550.00
AFTER SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME BUDD, KIRK M
STREET ADDRESS 1757 BARN OWL WAY
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

2d2

Kirk M. Budd, P.A.

1757 Barn Owl Way
Palm Harbor, FL 34683

Telephone (727) 786-3726

August 7, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kirk M. Budd, P.A.

Dear Sir or Madam:

It has been brought to my attention that the annual report for Kirk M. Budd, P.A., has not been filed with your office.

I have discovered that the annual report was never received at our business address. It was apparently mishandled by the postal system.

Please accept out check in the amount of \$150.00 representing the annual fee.

I appreciate your cooperation.

Sincerely,

Kirk M. Budd
President