

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F98000006608

1. Entity Name
33RD STREET BUFFER, INC.

Principal Place of Business
3526 SPOTTSWOOD AVENUE
MEMPHIS, TN 38111

Mailing Address
3526 SPOTTSWOOD AVENUE
MEMPHIS, TN 38111

FILED
00 JUN 22 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number
62-1747241

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOTSON, ALBERT E. JR.
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PC SEELBINDER, OSCAR W JR 3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKLAR, JERALD H WARING COX PLC? 50 N FRONT 1300 MEMPHIS, TN 38103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****458.75 ****158.75

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:  6/16/00 901-327-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE



MANAGEMENT, INC.

3526 SPOTTSWOOD AVE. P. O. BOX 11568 MEMPHIS, TN 38111 901-327-7676 FAX 901-324-2066

June 16, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

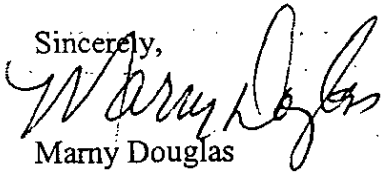
RE: Annual Reports

Dear Madam/Sir:

I am requesting you waive the late fees. I did not receive the forms in the mail to file. As soon as I realized I had not filed, I called and got the forms sent to me through my attorney, Mr. Al Dotson.

If you have any questions, please call me.

Sincerely,



Marny Douglas

Attachment ^⑦
F98000006608