

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90040 042 ***150.00

DOCUMENT # P94000011224

1. Entity Name
BUCKMAN ENGINEERING, INC.

Principal Place of Business
285 WARWICK AVE
ORMOND BEACH FL 32174

Mailing Address
285 WARWICK AVE
ORMOND BEACH FL 32174

2. Principal Place of Business
301 Division Ave #11
 Suite, Apt. #, etc.

3. Mailing Address
301 Division Ave #11
 Suite, Apt. #, etc.

City & State
Ormond Beach FL

City & State
Ormond Beach, FL

4. FEI Number **59-3221053**

Applied For
 Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

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

6. Name and Address of Current Registered Agent

BUCKMAN, JOHN C P E
285 WARWICK AVE
ORMOND BEACH FL 32174

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 John Buckman
 Signature, typed or printed name of registered agent and title if applicable.

John Buckman, President
 (NOTE: Registered Agent signature required when reinstating)

2/15/02
 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, 2002 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 **PTSD** ☐ Delete
 NAME **BUCKMAN, JOHN C PE**
 STREET ADDRESS **285 WARWICK AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ Delete
 NAME **BUCKMAN, JONATHAN C**
 STREET ADDRESS **285 WARWICK AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: John Buckman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)