

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90146 010 ***150.00

DOCUMENT # P94000079631

1. Entity Name
THE BULLEK HOLDING CORPORATION

765091



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1211 12TH STREET
ST. CLOUD FL 34769
US

Mailing Address
1211 12TH STREET
ST. CLOUD FL 34769
US

2. Principal Place of Business
29 E. 13th Street
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 700068
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3281903**

Applied For
 Not Applicable

Zip
34769

Country

Zip
34770-0068

Country

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

6. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S
230 LOOKOUT PLACE
STE 200
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: **Ronald C. Eken**
 Street Address (P.O. Box Number is Not Acceptable): **29 East 13th Street**
 City: **St. Cloud, FL** Zip Code: **34769**

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: *Ronald C. Eken* **Ronald C. Eken** **4/27/01**
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 \$150.00
After MAY 1, 2001 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	V	<input type="checkbox"/> Delete
NAME	SHAFFER, STEPHEN L	
STREET ADDRESS	1211 12TH STREET	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	EKEN, RONALD C	
STREET ADDRESS	1211 12TH STREET	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald C. Eken* **Ronald C. Eken** **4/27/01** **407-892-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)