

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90373 039 ***150.00

DOCUMENT # P95000061568

1. Entity Name
THE BULLEK DEVELOPMENT CORPORATION

Principal Place of Business 230 LOOKOUT PLACE SUITE 200 MAITLAND FL 32751	Mailing Address 230 LOOKOUT PLACE SUITE 200 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 29 E. 12th Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 70068 Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL	4. FEI Number 59-3338471	Applied For <input type="checkbox"/> Not Applicable
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Zip 34769	Country	Zip 34770	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PIERCEFIELD, DAVID S
 230 LOOKOUT PLACE
 SUITE 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** DATE **4/27/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PSTD	<input type="checkbox"/> Delete
NAME EKEN, RONALD C	
STREET ADDRESS 1211 12TH STREET	
CITY-ST-ZIP ST CLOUD FL	
TITLE VD	<input type="checkbox"/> Delete
NAME SHAFFER, STEPHEN	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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** DATE **4/27/01** DAYTIME PHONE # **407-892-1711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)