

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90027 036 ***150.00

925010



DO NOT WRITE IN THIS SPACE

DOCUMENT # S92087

1. Entity Name
BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS

Principal Place of Business Mailing Address
427 WHOOPING LOOP **427 WHOOPING LOOP**
SUITE 1811 **SUITE 1811**
ALTAMONTE SPRINGS FL 32701 **ALTAMONTE SPRINGS FL 32701**
US **US**

2. Principal Place of Business 3. Mailing Address
427 CenterPointe Cir. **427 CenterPointe Cir.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1811 **Suite 1811**
City & State City & State
Altamonte Springs FL **Altamonte Springs, FL**
Zip Country Zip Country
32701 **US** **32701** **US**

6. Name and Address of Current Registered Agent
BUCHHEIT, KIMBERLY A.
291 HUMMINGBIRD LANE
LONGWOOD FL 32779

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 _____
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	PTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHEIT, KIMBERLY A.	NAME	
STREET ADDRESS	291 HUMMINGBIRD LANE	STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MICHAEL S	NAME	
STREET ADDRESS	291 HUMMINGBIRD LANE	STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2/21/2001** Daytime Phone #: **407-331-0505**

CR2E034 (10/00)