#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 04/29/2017

SIGNATURE: KIMBERLY A. BUCHHEIT

Electronic Signature of Signing Officer/Director Detail

# Entity Name: BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS

# **Current Principal Place of Business:**

6500 SWAIN ROAD SORRENTO, FL 32776

DOCUMENT# S92087

## **Current Mailing Address:**

PO BOX 2016 APOPKA, FL 32704 US

## FEI Number: 59-3092437

#### Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M 150 SPARTAN DRIVE, SUITE 100 MAITLAND, FL 32751 US

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: JEFFREY KOLTUN

Electronic Signature of Registered Agent

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## **Officer/Director Detail :**

Title	PVTS
Name	BUCHHEIT, KIMBERLY A.
Address	PO BOX 2016
City-State-Zip:	APOPKA FL 32704

Certificate of Status Desired: No

04/29/2017

Date

#### FILED Apr 29, 2017 Secretary of State CC2315482760

Date

**PVTS**