## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am Secretary of State 525606 DOCUMENT # 1. Entity Name BUSKIRK PROPERTIES, INC. 03-25-2002 90158 026 \*\*\*150.00 Mailing Address Principal Place of Business 3651 CORTEZ RD W 3651 CORTEZ RD W 00043043 S300 **BRANDENTON FL 34210 BRANDENTON FL 34210** 2. Principal Place of Business 3. Mailing Address 303 Ninth Street West 303 Ninth Street West Suite, Astuite 201 Suite, Suite 201 DO NOT WRITE IN THIS SPACE Bradenton, FL 34205 Bradenton, FL 34205 Applied For City & State 4. FEI Number 59-1759032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSKIRK, FRANK A. Street Address 303, Ninth Street West ptable) 3651 CORTEZ RD W Suite 201 Bradenton, FL 34205 S300 **BRADENTON FL 34210** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 303 Ninth Street West (10/6) **X** Change ☐ Addition TITLE TITLE ☐ Delete Suite 201 BUSKIRK, EMILY B NAME NAME Bradenton, FL 34205 3651 CORTEZ RD W \$300 STREET ADDRESS STREET ADDRESS BRADENTON, FL 00000 CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition PTD TITLE Delete TITLE 303 Ninth Street West **BUSKIRK, FRANK** NAME NAME Suite 201 3651 CORTEZ RD W S300 STREET ADDRESS STREET ADDRESS Bradenton, FL 34205 BRADENTON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

**FILED** 

REFRANK A. BUSKIAK 3-12-DZ. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 trusted empowered to executarities 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 addiress with all other like impowered.

SIGNATURE: