

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 559249

1. Entity Name

HARRY L. BUCK JEWELERS, INC.

Principal Place of Business

Mailing Address

3375 OCEAN DR  
VERO BCH FL 32963  
US

3375 OCEAN DRIVE  
VERO BCH FL 32963  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1809543

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCK, HARRY L.  
3375 OCEAN DR  
VERO BEACH FL

Name David S. Wilcox

Street Address (P.O. Box Number is Not Acceptable)

415 38th Square S.W.

City Vero Beach

FL

Zip Code 32968

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

*David S. Wilcox*

4-3-01

(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 D ☐ Delete  
NAME WILCOX, DONNA L  
STREET ADDRESS 415 38TH SQ SW  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Donna Buck Wilcox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

562-231-0808

Daytime Phone #

FILED  
Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90004 004 \*\*\*150.00

522994



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)