

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009644 AF

DOCUMENT # A20885

1. Entity Name

BUCSQUARE SC COMPANY, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 6: 07

Principal Place of Business

1733 W. FLETCHER AVE.  
TAMPA FL 34234

Mailing Address

1733 W. FLETCHER AVE.  
TAMPA FL 33612-1820

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

58-1652470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLIFFORD L. WALTERS  
802 11TH STREET WEST  
BRADENTON FL 34205

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. Capital Contributions  
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000020772  
NAME BUCSQUARE CORPORATE, INC.  
STREET ADDRESS 1733 W. FLETCHER AVE.  
CITY - ST - ZIP TAMPA FL 33612

DOCUMENT #  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

AR - 350.00  
AR SUP 88.75  
438.75

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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800003149068- - 4  
-04/07/00 --01002--018  
\*\*\*\*438.75 \*\*\*\*438.75

3/13  
3/20

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/00  
Date

813-960-8154  
Daytime Phone #

CR2E003 (9/99)