FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: A

## May 03, 2001 8:00 am **DOCUMENT # F02715** Secretary of State 1. Entity Name BUCKEYE SWEEPING, INC. 05-03-2001 90045 047 \*\*\*150.00 Principal Place of Business Mailing Address 6875 N.W. 4TH STREET 6875 N.W. 4TH STREET MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 809 SW 741 809 SW 7+h Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2035416 North Lauderdale Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEIGLER, KATHY, A Street Address (P.O. Box Number is Not Acceptable) 6875 N.W. 4TH STREET MARGATE FL 33063 7809 SW 74h SH 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 required when reinstating) 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, 2001 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 1 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) **☑** Delete President TITLE Andrew K. Hunter 7809 SW 7th St. ZEIGLER, JOSEPH, T NAME NAME STREET ADDRESS 6875 N.W. 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL North Lauderdale, FL Delete TITLE ☐ Change TITLE ZEIGLER, KATHY, A NAME NAME STREET ADDRESS STREET ADDRESS 6875 N.W. 4TH ST CITY-ST-ZIP CITY-ST-ZIP MARGATE FL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

Andrew K. Hunter 4-27-01 1954)718-1922