

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90140 012 ***150.00

DOCUMENT # F94000005302

1. Entity Name
BUCKLAND RIVER COMPANY

Principal Place of Business 10955 SPRING ST LARGO FL 33774 US	Mailing Address 10955 SPRING ST LARGO FL 33774 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12540 FRANK DR. S. Suite, Apt. #, etc.	3. Mailing Address 12540 FRANK DR. S. Suite, Apt. #, etc.
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City & State SEMINOLE, FL	City & State SEMINOLE, FL	4. FEI Number 34-1649052	Applied For <input type="checkbox"/>
		Not Applicable	

Zip 33776	Country USA	Zip 33776	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSSEL, MICHEL
 10955 SPRING ST
 LARGO FL 33774

Name
 Street Address (P.O. Box Number is Not Acceptable)
12540 FRANK DR. S.
 City **SEMINOLE** FL Zip Code **33776**

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 *Michel Roussel*
 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.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROUSSEL, MICHEL 10955 SPRING ST LARGO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12540 FRANK DR. S. SEMINOLE, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michel Roussel* **MICHAEL ROUSSEL** 3-19-01 127-593-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)