

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90083 047 ***150.00

06/26/02 MB

DOCUMENT # F97000005245

1. Entity Name
THE BUCKLE, INC.



Principal Place of Business
**2407 WEST 24TH ST.
KEARNY FL 68845-4915**

Mailing Address
**PO BOX 1480
KEARNY NE 68848-1480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kearney NE

City & State

Kearney NE

Zip

Country

Zip

Country

68845-4915

68848-1480

4. FEI Number **47-0366193**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	HIRSCHFELD, DANIEL J	
STREET ADDRESS	3606 FOURTH AVE.	
CITY-ST-ZIP	KEARNEY NE 68845	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	NELSON, DENNIS	
STREET ADDRESS	14 KINGS CT.	
CITY-ST-ZIP	KEARNEY NE 68845	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RHOADS, KAREN	
STREET ADDRESS	5000 AVE F. PLACE	
CITY-ST-ZIP	KEARNEY NE 68847	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHADA, JAMES	
STREET ADDRESS	715 EAST 56TH ST.	
CITY-ST-ZIP	KEARNEY NE 68847	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanson, Kyle L.	
STREET ADDRESS	75443 Road 431	
CITY-ST-ZIP	Lexington NE 68850	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	milkie, Brett	
STREET ADDRESS	31705 Driftwood Court	
CITY-ST-ZIP	Avon Lake OH 44012	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

308-236-8491

Date

Daytime Phone #