

DOCUMENT # G54496
 1. Entity Name
WALT BUCHHOLZ, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90083 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 55 RUMSON ROAD 55 RUMSON ROAD
 AMHERST NY 14228 AMHERST NY 14228

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 **59-2330470** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NINOS, CHRISTOPHER M C.P.A.
5100 WEST COPANS ROAD
SUIT 710
MARGATE FL 33063-7700

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHHOLZ, WALTER J JR. 55 RUMSON ROAD AMHERST NY 14228	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUCHHOLZ, MICHAEL V 122 DELAWARE STREET TONAWANDA NY 14150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUCHHOLZ, WALTER J III 35 STATE STREET TONAWANDA NY 14150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **WALTER J BUCHHOLZ JR** **1/3/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **716-691-4300**

CR2E034 (10/00)