

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90011 049 ***150.00

DOCUMENT # H15899
 1. Entity Name
BUFFALO BLUFF UTILITIES, INC.

Principal Place of Business 66 CUNA ST. SUITE B ST AUGUSTINE FL 32084	Mailing Address 66 CUNA ST. SUITE B ST AUGUSTINE FL 32084-3684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1985 MIZELL ROAD Suite, Apt. #, etc.
City & State	City & State ST. AUGUSTINE, FL
Zip 32084-9188	Country

4. FEI Number 59-2438800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, RONALD W ESQ
66 CUNA ST.
SUITE B
ST AUGUSTINE FL 32084

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 _____

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, 2000 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	
T RUNK, PAUL B 66 CUNA ST., SUITE B ST AUGUSTINE FL	<input type="checkbox"/> Delete
S THOMPSON, PIERRE D 66 CUNA ST., SUITE B ST AUGUSTINE FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1985 MIZELL ROAD ST. AUGUSTINE FL 32084-9188	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 70 ST. AUGUSTINE, FL 32085-0070	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: **Paul B Runk** **PAUL B RUNK** **4-30-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E034 (9/99)