

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90451 026 ***150.00

DOCUMENT # H42992

1. Entity Name

BUFFALO'S ROAMING, INC.

Principal Place of Business

% P. DONALD LEWIS
P.O. BOX 966
TALLAHASSEE FL 32302

Mailing Address

% P. DONALD LEWIS
P.O. BOX 966
TALLAHASSEE FL 32302**00032025**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1546 METROPOLITAN BLVD

3. Mailing Address

910 EDDIE JACKSON

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

PO BOX 966

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

LEON

Zip

32302

Country

LEON

4. FEI Number

59-2936406

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, EDDIE
1355 MARKET ST.
TALLAHASSEE FL 32312

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

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.
(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	JACKSON, EDDIE	
STREET ADDRESS	1355 MARKET ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AZAR, NORMAN	
STREET ADDRESS	905 E. FAIRVIEW	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOVE, ALLISON	
STREET ADDRESS	P.O. BOX 966	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01
Date850-385-0024
Daytime Phone #

CR2E034 (10/00)