

DOCUMENT # H48863  
1. Entity Name  
BUCKNER & BUCKNER & ASSOCIATES, INC.

Principal Place of Business Mailing Address  
3355 TADLOCK 3355 TADLOCK  
3255 TADLOCK AVE 3255 TADLOCK AVE  
VALKARIA FL 32950 VALKARIA FL 32950  
US US

2. Principal Place of Business 3. Mailing Address  
3355 Tadlock Ave 3355 Tadlock Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
VALKARIA FL. VALKARIA FL.  
Zip Country Zip Country  
32950 BREVARD 32950 BREVARD

6. Name and Address of Current Registered Agent  
BUCKNER, JAMES S.  
3355 TADLOCK AVE.  
VALKARIA FL 32950

4. FEI Number 59-2528286 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE P  
NAME BUCKNER, NANCY C. ☐ Delete  
STREET ADDRESS 3355 TADLOCK  
CITY-ST-ZIP VALKARIA FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ 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: \_\_\_\_\_ Date Jan 3 2001 Daytime Phone # 321-984-0018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 09, 2001 8:00 am  
Secretary of State  
01-09-2001 90047 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)