

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 027 ***150.00



DOCUMENT # H53570

1. Entity Name

BUCHMAN & BUCHMAN ATTORNEYS AT LAW, P.A.

Principal Place of Business

1317 W. FLETCHER AVE.
STE A
TAMPA FL 33612
US

Mailing Address

1317 W. FLETCHER AVE.
STE A
TAMPA FL 33612
US

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 59-2519540

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

BUCHMAN, J. MILES
1317 W. FLETCHER AVE.
STE A
TAMPA FL 33612

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, 2004 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 SV ☒ Delete
NAME BUCHMAN, J. MILES
STREET ADDRESS 1317 W. FLETCHER AVE. STE A
CITY-ST-ZIP TAMPA FL

TITLE P/S/T ☒ Change ☐ Addition
NAME Buchman, J. Miles
STREET ADDRESS 1317 W. Fletcher Ave., Ste. A
CITY-ST-ZIP Tampa, FL 33612-3323

TITLE PT ☒ Delete
NAME BUCHMAN, JANICE C.
STREET ADDRESS 1317 W. FLETCHER AVE. STE A
CITY-ST-ZIP TAMPA FL

TITLE V ☒ Change ☐ Addition
NAME Buchman, Janice C.
STREET ADDRESS 1317 W. Fletcher Ave., Ste. A
CITY-ST-ZIP Tampa, FL 33612-3323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Miles Buchman

1/23/04 813/269-0300

Date

Daytime Phone #