

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90017 021 ***150.00

DOCUMENT # H63582

1. Entity Name

KENNETH W. BUCHMAN, P.A.

Principal Place of Business

**212 N COLLINS ST
 PLANT CITY FL 33566**

Mailing Address

**212 N COLLINS ST
 PLANT CITY FL 33566**

2. Principal Place of Business

1012 Redbud Circle
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-2547719

Applied For

Not Applicable

Zip

33566

Country

USA

Zip

33564

Country

USA

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, KENNETH W.
 212 N COLLINS STREET
 PLANT CITY FL 33566**

Name

Street Address (P.O. Box Number is Not Acceptable)

1012 Redbud Circle

City

Plant City

FL

Zip Code

33566

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

2/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHMAN, KENNETH W. 212 N COLLINS ST PLANT CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCHMAN, KENNETH W 212 N COLLINS STREET PLANT CITY FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 659-4242

Daytime Phone #

CR2E034 (10/00)