2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Ent

PILE



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90030 048 ***158.75

ity Name BUCK, INC.	041994	
al Place of Business	NA-III A-I-I	

3800 SW BOAT RAMP AVE PALM CITY FL 34990

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VER

Mailing Address PO BOX 1736 PALM CITY FL 34991

2. Principal Place of Business 2801 OCEAN DRIVE Suite, Apt. #, etc.

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3. Mailing Address

P.O. <u>Box</u> 64-3929

Suite, Apt. #, etc.



CHECK HERE JE MAKING CHANGES

City & State BEACH, FL VERO 32<u>964</u>

Country

4. FE! Number 59-2513160

Not Applicable **\$8.75** Additional

Applied For

6. Name and Address of Current Registered Agent

SMOOT, CHRISTOPHER S. 2521 SW RACQUET CLUB DR

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

PALM CITY FL 34990

7. Name and Address of New Registered Agent Name

5. Certificate of Status Desired

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

814 GAVFEATHER

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)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State Trust Fund Contribution. 10. -OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLÈ ☐ Delete TITLE SMOOT, CHRISTOPHER S. NAME GAYFEATHER NAME 2521 SW RACQUETCLUB DR STREET ADDRESS STREET ADDRESS VERO BEACH, FL. 32963 PALM CITY FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 814 GAYFEATHE SMOOT, SARAH M. NAME NAME 2521 SW RACQUET CLUB DR STREET ADDRESS STREET ADDRESS PALM CITY FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete noitibhA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition