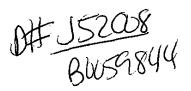
85679 AV

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52008 1. Entity Name				Secretary of State		
BUCK, KL	.EIN & WARD, INC.		()	07-10-2001 90004 026 ***150.00		
Principal Plac	e of Business	Mailing Address			,	
800 W. PLATT ST. #5 TAMPA FL 33606		800 W. PLATT ST. #5 TAMPA FL 33606				
<u>.</u>			ing party.			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	ble	
Zip	Country	Zip	Country	5. Certificate of Status Desired	,	
	6. Name and Address of Current R	egistered Agent	The second secon	7. Name and Address of New Registered Agent	\exists	
CHATTLE	MARILIANAC DA	•	Name			
SMITH & WILLIAMS, P.A. 712 S. OREGON AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FI						
			City	: FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE		
Tax filing requirement and elects to do so. After September 12			!! FEE IS \$550.00 , 2001 Fee will be \$750 le to Department of Sta	ate Hust and containation. — Added to 1983	Θ,	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P MATHESON, STEVE 4605 OLD SAYBROOK TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addit	ION \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addii	ion	
حرب ي. ∏اللا		- Delete :	.»TITLE + 5-+		tion	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	-	☐ Delete	TITLE	Change Addi	tion	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		{	
TITLE		☐ Delete	TITLE	Change Addi	tion	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Addi	tion`	
NAME			NAME STREET ADDRESS		Ì	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	•	}	
indicated . of the co	l on this report or cumplemental recort is:	true and accurate and that n wered to execute this report	ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director. O7, Florida Statutes; and that my name appears in Block 11 or Block 12	י יכ	





July 2, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

Today we received a second notice for submitting the 2001 Uniform Business Report for Buck, Klein & Ward, Inc. According to our records this report was submitted on April 6 along with a check for the \$150 filing fee. Apparently, the report was never received by you and the check has not gone through our Bank.

I was instructed to submit the new form and payment both of which are enclosed.

If you have any questions, please let me know.

Sincerely,

Steven C. Matheson

President