

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 27, 2003 8:00 am
Secretary of State

5/2

05-02-2003 90095 024 ***150.00

DOCUMENT # K11201

1. Entity Name
BUCKEYE CONSTRUCTION OF COLLIER COUNTY, INC.



Principal Place of Business
**5840 18TH AVENUE NW
NAPLES FL 34119**

Mailing Address
**5840 18TH AVENUE NW
NAPLES FL 34119**

5504370S



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number **65-0029336**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAULICH, PAUL III
3401 TAMiami TRAIL NORTH
SUITE 205
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name **Michel E. Linder**

Street Address (P.O. Box Number is Not Acceptable)
5840 18th Ave. N.W.

City **Naples** FL Zip Code **34119**

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 *Michael E Linder Pres* *Michael Linder* **5-23-03**

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, 2003 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

TITLE D	PSTO	<input type="checkbox"/> Delete
NAME LINDER, MICHAEL E.		
STREET ADDRESS 5840 18 AVENUE NW		
CITY-ST-ZIP NAPLES FL 34119		
TITLE VP	<input checked="" type="checkbox"/> Delete	
NAME BLAZIER, EDWIN H		
STREET ADDRESS 5840 18 AVENUE NW		
CITY-ST-ZIP NAPLES F; 34119		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michael E Linder	
STREET ADDRESS 5840 18th Ave N.W.	
CITY-ST-ZIP Naples FL 34119	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bruce A. Mywening	
STREET ADDRESS 5840 18 Ave. NW	
CITY-ST-ZIP Naples FL. 34119	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael E Linder Pres* **4-28-03** **239-598-3679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)