

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90296 032 \*\*\*150.00

**DOCUMENT # K38085**

1. Entity Name

**JAMES L. BUCK INSURANCE SERVICES, INC.**

Principal Place of Business

Mailing Address

**300 31ST STREET NORTH  
 SUITE 215  
 ST. PETERSBURG FL 33713  
 US**

**P. O. BOX 15407 N/A  
 ST. PETERSBURG FL 33733-5407  
 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

**59-2911742**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCK, JAMES  
 300 31ST STREET NORTH SUITE 215  
 SUITE 218  
 ST. PETERSBURG FL 33713**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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	<b>PVPT</b>	<input type="checkbox"/> Delete
NAME	<b>BUCK, JAMES L</b>	
STREET ADDRESS	<b>300 31ST STREET NO., 215</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BUCK, JAMES L</b>	
STREET ADDRESS	<b>300 31 STREET NO 215</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Daytime Phone #

**4-28-2000 727 825298**

CR2E034 (9/99)