2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 26, 2002 8:00 am § Secretary of State K73534 DOCUMENT # 1. Entity Name 03-26-2002 90042 035 ***150 00 RICHARD LEE BUCKLE P.A. Principal Place of Business Mailing Address % RICHARD LEE BUCKLE % RICHARD LEE BUCKLE 442 OLD MAIN STREET 442 OLD MAIN STREET **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0107615 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUCKLE, RICHARD LEE** Street Address (P.O. Box Number is Not Acceptable) 442 OLD MAIN STREET **BRADENTON FL 34205** Zip Code City 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. ·27 中国公司专员会 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 🚅 Trust Fund Contribution. 🤼 Added to Fees (See criteria on back) Make Check Payable to Department of State A 18 2 . 30 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 Change Addition TITLE ☐ Delete TITLE **BUCKLE, RICHARD LEE** NAME NAME STREET ADDRESS 442 OLD MAIN ST. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

FILED