

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 018 ***150.00

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DOCUMENT # P00000081383

1. Entity Name
JOANN BUCK, PA.



Principal Place of Business
2951 WOODPINE COURT
SARASOTA FL 34231

Mailing Address
2951 WOODPINE COURT
SARASOTA FL 34231



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1025123

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCK, JOANN
2951 WOODPINE COURT
SARASOTA FL 34231

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. 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)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **BUCK, JOANN**
CITY-ST-ZIP **2951 WOODPINE COURT**
SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80137183
#P00000081383

August 6, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

I am requesting the late fee be waived. I truly did not receive the notice.
I am not sure whether it was the mail or my mother who has dementia
And beats me to the mailbox.

As you can see from my record, I have paid the past two years on time.

Thank you so much for your help.

Sincerely,

JoAnn Buck

JoAnn Buck
FEI Number: 65-1025-123

Document Number: P00000081383