CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Change

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☐ Addition

Addition

CR2E034 (5/01)

AHachment D#POUOU095113 A0161570

## Buccaneer Communications Inc.

Department of State P.O. Box 6327 Tallahasee, Fl 32314

Buccaneer Communications 8440 Ulmerton Rd suite 530 Largo, Fl 33771

Dear Sir or Madam,

We apologize for our tardiness with the uniform business report, however we did not recieve the first mail out. We are in business for the first year and were not aware of this report. We found out about this report when we recieved or late notice. A check for 150.00 is enclosed and we thank you for your coopertaion concerning this matter.

Sincerly

Dwayne Coope President

**Buccaneer Communications**