

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 015 \*\*\*150.00

DOCUMENT # P01000028300

1. Entity Name C. BUFORD ENTERPRISES INC

**DO NOT WRITE IN THIS SPACE**

80058837

2. Principal Place of Business

3047 MAIN ST

3. Mailing Address

PO Box 112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERNON FL

City & State

VERNON FL

Zip

32462

Country

USA

Zip

32462

Country

USA

4. FEI Number

59 3700379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCES NEUE NEMECEK

Street Address (P.O. Box Number is Not Acceptable)

PO Box 112

3047 MAIN ST

City

VERNON

FL

Zip Code

32462

**DO NOT WRITE  
IN THIS SPACE**

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

*N. Nemecek* N. Nemecek

3.27.02

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.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President, Vice Pres, Sec.  
CHARLES BUFORD  
5712 104 RD  
CALLAWAY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
MELBA BUFORD  
5712 104 RD  
CALLAWAY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*N. Nemecek*

3.27.02

850.535.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Nemecek

Date

Daytime Phone #

CR2E034B (12/01)