

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90027 002 ***150.00

DOCUMENT # P01000034164

1. Entity Name
BUCKEYE ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

54027049

2. Principal Place of Business 1936 SHADY HILL TERR.	3. Mailing Address 1486 FARRINGTON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WINTER PARK, FL	City & State DAYTON, OH	4. FEI Number 31-1764569	Applied For <input type="checkbox"/> Not Applicable
Zip 32792	Country USA	Zip 45420	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HAMILTON, CRAIG
Street Address (P.O. Box Number is Not Acceptable) 1936 SHADY HILL TERR.
City WINTER PARK, FL
Zip Code 32792

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE MS. NAME HAMILTON, JOY E STREET ADDRESS 1486 FARRINGTON DR CITY - ST - ZIP DAYTON, OH 45420-1379	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joy E. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/04

Date

Daytime Phone #