

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90142 023 ***150.00

DOCUMENT # P01000060257

1. Entity Name

CRAIG CHARLES BUCCERONI, P.A.

Principal Place of Business

C/O KELLY & KELLY CPAS, PA

3020 N FEDERAL HWY SUITE 11B

FT LAUDERDALE FL 33306

Mailing Address

C/O KELLY & KELLY CPAS, PA

3020 N FEDERAL HWY SUITE 11B

FT LAUDERDALE FL 33306

2. Principal Place of Business

2810 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

BLVD

City & State

Zip

Country

3. Mailing Address

2810 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

BLVD

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1113281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCCERONI, CRAIG CHARLES

C/O KELLY & KELLY CPAS, PA

3020 N FEDERAL HWY SUITE 11B

FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

2810 E OAKLAND PARK BLVD

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.

SIGNATURE

Craig C Bucceroni

4/25/02

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)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	BUCCERONI, CRAIG CHARLES	
STREET ADDRESS	3020 N FEDERAL HWY SUITE 11B	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2810 E OAKLAND PARK BLVD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE:

Craig C Bucceroni
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

954-396-5102

Date

Daytime Phone #

CR2E034 (9/01)