

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90110 011 ***150.00

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DOCUMENT # P01000101876

1. Entity Name
BUXTON DESIGN, INC.



Principal Place of Business
**120 UTOPIA CIRCLE
MERRITT ISLAND FL 32952**

Mailing Address
**POST OFFICE BOX 410095
MELBOURNE FL 32941-0095**

2. Principal Place of Business

3. Mailing Address

120 Utopia Cr.
Suite, Apt. #, etc.

P.O. Box 410095
Suite, Apt. #, etc.

City & State
Merritt Island, FL
Zip
32952
Country
USA

City & State
Melbourne, FL
Zip
32941
Country
USA

4. FEI Number
65-1151616

Applied For
Not Applicable

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

**BUXTON, TRACEY J
120 UTOPIA CIRCLE
MERRITT ISLAND FL 32952**

Name
N/A
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. **No Change**

SIGNATURE **Tracey Buxton / President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUXTON, TRACEY J 120 UTOPIA CIRCLE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUXTON, BRIAN S 120 UTOPIA CIRCLE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **Tracey Buxton / President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **453-8117**
Date Daytime Phone #

CR2E034 (10/02)

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