2002 UNIFORM BUSINESS REPORT (UBR)

Aug 18, 2002 8:00 am Secretary of State P01000112923 **DOCUMENT #** 08-04-2002 90164 008 ***150.00 1. Entity Name BUCKLAND'S EQUIPMENT SALES, INC. Principal Place of Business Mailing Address 41014 9183 PALM ISLAND CIRCLE 9183 PALM ISLAND CIRCLE FT MYERS FL 33903 FT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEJ Number Applied For 65-7 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKLAND, MELVIN J Street Address (P.O. Box Number is Not Acceptable) 9183 PALM ISLAND CIRCLE FT MYERS FL 33903 City 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITO F Change ■ Addition BUCKLAND, MELVIN J NAME NAME 9183 PALM ISLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33903 CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME BUCKLAND, LINDA NAME STREET ADDRESS 9183 PALM ISLAND CIRCLE STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33903 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIGNATURE:

