FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 PM 12:39

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004456

1. Entity Name
BUFFMASTERS, INCORPORATED

Principal Place of Business	Mailing Address
370 S. MOSS ROAD WINTER SPRINGS, FL 32708	370 S. MOSS ROAD WINTER SPRINGS, FL 32708

2. Principal Place of Business	3. Mailing Address
370 S. Moss Road	370 S. Moss Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country: USA	Zip: 32708 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 010591371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLARD, JOSEPH M 370 S. MOSS ROAD WINTER SPRINGS, FL 32708	Name 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILING $35.00
ANNUAL REPORT $150.00
CERTIFIED COPY $30.00
CERTIFICATE OF STATUS $5.00

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	P COLLARD, MICHAEL J 370 S. MOSS ROAD WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800021131001 06/25/03--01024--009 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VO COLLARD, JEFFREY D 2708 TIMBERLAKE AVE DELTONA, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BRACKMAN, JOHN M JR. 7340 WESTPOINTE BLVD. APT. 315 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Brackman, John M Jr. 1568 Sherbourne Street Winter Garden, FL 34787	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (10/02)

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: Michael J Collard 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #