

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90116 037 \*\*\*158.75

**DOCUMENT # P02000066971**  
1. Entity Name  
**BUCKLAND BUILDERS DEVELOPMENTS, INC.**



Principal Place of Business  
**505 AVENUE A NW  
SUITE 102  
WINTER HAVEN FL 33881**

Mailing Address  
**505 AVENUE A NW  
SUITE 102  
WINTER HAVEN FL 33881**



2. Principal Place of Business  
**4120 TWILIGHT TRAIL  
SUITE, Apt. #, etc.  
PLEASANT HILL  
City & State  
KISSIMMEE  
Zip  
FL 34746 Country  
U.S.**

3. Mailing Address  
**4120 TWILIGHT TRAIL  
SUITE, Apt. #, etc.  
PLEASANT HILL  
City & State  
KISSIMMEE  
Zip  
FL 34746 Country  
U.S.**

4. FEI Number  
**27-0025993**

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  
**GOVONI, BRIAN R  
505 AVENUE A NW  
SUITE 102  
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent  
Name  
**BUCKLAND, AMANDA, J**  
Street Address (P.O. Box Number is Not Acceptable)  
**3311 EARLES COURT, KINGS COVE  
PLEASANT HILL  
City  
KISSIMMEE FL Zip Code  
34746**

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 **A J BUCKLAND** (SHARE HOLDER + SECRETARY) **03/11/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BUCKLAND, PHILIP</b> <b>505 AVENUE A NW</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BUCKLAND PHILIP</b> <b>4120 TWILIGHT TRAIL, PLEASANT HILL</b> <b>KISSIMMEE FL 34746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **A J BUCKLAND** **03/11/03** **407 301 2241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)