

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 026 ***150.00

DOCUMENT # P02000101003

1. Entity Name
BUCKWHEAT OF NORTH FLORIDA, INC.



Principal Place of Business
3617 CROWN POINT ROAD, SUITE #2
JACKSONVILLE FL 32257
~~4111 E~~ 2343 Conciliation LN.
Green Cove Springs, FL 32043

Mailing Address
3617 CROWN POINT ROAD, SUITE #2
JACKSONVILLE FL 32257
2343 Conciliation LN.
Green Cove Springs, FL 32043

2. Principal Place of Business
2343 Conciliation Lane
Suite, Apt. #, etc.

3. Mailing Address
2343 Conciliation Lane
Suite, Apt. #, etc.

City & State
Green Cove Springs, FL
Zip
32043
Country
USA

City & State
Green Cove Springs, FL
Zip
32043
Country
USA

4. FEI Number
11-3667318

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

~~HERNANDEZ MEREDITH A~~
~~3617 CROWN POINT ROAD, SUITE #2~~
~~JACKSONVILLE FL 32257~~

7. Name and Address of New Registered Agent

Name SANDRA DAW
Street Address (P.O. Box Number is Not Acceptable)
2343 Conciliation Lane
City Green Cove Springs FL Zip Code 32043

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 Sandra Daw D/P Sandra Daw
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4-28-03

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	D/P	<input type="checkbox"/> Delete
NAME	DAW, SANDRA L	
STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAW, ANTHONY L	
STREET ADDRESS	P.O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	D/P	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAW, SANDRA L.	
STREET ADDRESS	2343 Conciliation LN.	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAW, ANTHONY L.	
STREET ADDRESS	2343 Conciliation LN	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony R. DAW	
STREET ADDRESS	2343 Conciliation LN	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAW, Timothy A.	
STREET ADDRESS	2343 Conciliation LN	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
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		

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: Anthony L. DAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-28-03
Daytime Phone # 904-282-8901

CR2E034 (10/02)