


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

DOCUMENT # 0400082534	
1. Entity Name STEVE BUCKNER, INC.	

FILED
05 JUL 28 PM 12: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 2136 Ibis DR. NE		3. Mailing Address PO BOX 6086	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33764	Country U.S.	Zip 33758	Country U.S.
4. FEI Number 20-1115572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor
City Miami
FL FL
Zip Code 33145

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. **SPIEGEL & UTRERA, P.A.**

SIGNATURE By: Natalia Utrera, Vice President		DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUCKNER, STEVEN R. 2136 IBIS DR. NE, CLEARWATER, FL, 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500058484245 08/11/05--01046--010 **150.00
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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 on an attachment with an address with all other like empowered

SIGNATURE: Steve Buckner	Date 06/10/05	Daytime Phone # 727/423-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		