

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91318 044 ***150.00

DOCUMENT # P10315

1. Entity Name
H. M. BUCKLEY & SONS, INC.



Principal Place of Business
**RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705**

Mailing Address
**RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **37-0872914**

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

7. Name and Address of New Registered Agent

**BUCKLEY THOMAS E
7501 NORTH AIRPORT ROAD
NAPLES FL 33942**

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 *H. M. Buckley III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCKLEY, HARRY M., III	
STREET ADDRESS	50 S MEADOWBROOK RD	
CITY-ST-ZIP	SPRINGFIELD IL 62707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLEY, DONALD E.	
STREET ADDRESS	1931 CARDINAL DRIVE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUCKLEY, DONALD E.	
STREET ADDRESS	1931 CARDINAL DRIVE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLEY, THOMAS E.	
STREET ADDRESS	1900 TILLER TERRACE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLEY, ILEUS N.	
STREET ADDRESS	34 TURNBERRY	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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STREET ADDRESS	
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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: *H. M. Buckley III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)