2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000012623

1. Entity Name BUFFY, INC.



F1LED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90048 030 ***150.00 **FILED**

Principal Place of Business				TO WE THE	/		
Suite, Apt. #, etc. Suite, Apt. #, etc. General Agent Applied For Not. Applicable Applied For Not. Applie	330 5TH AVENUE INDIALANTIC FL 32903-4239		P.O. BOX 78708 CHARLOTTE NC 28277	1			
City & State City & State City & State City & State 4. FEI Number. 59-3166335 Applied For Not Applicable 5. Certificate of Status Desired 5. Name and Address of New Registered Agent Name FLAVIN, THOMAS P CPA 300 5TH AVENUE INDIALANTIC FL 32903 City FL Zip Code 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. \$55.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE VPS OLING, JEFFREY NAME GOLDING, JEFFREY STREET ADDRESS 30. STHA AVENUE STREET ADDRESS	2. Principal f	Place of Business	3. Mailing Address		1 1861/1881 118 10188 11811 86114 86114	1810 1 11818 11818 81115 11088 1111 1 88 1	
Zip Country Zip Country 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 Name FLAVIN, THOMAS P CPA 300 5TH AVENUE INDIALANTIC FL 32903 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 SIGNATU	Suite, Apt	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES '		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLAVIN, THOMAS P CPA 300 5TH AVENUE INDIALANTIC FL 32903 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 Signature produce of the state of Florida agent and title in Figure 1. (NOTE: Registered Agent signature required when reinstating) ATE 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPS GOLDING, JEFFREY STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	City & State		City & State		4. FEI Number 59-3166335		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	l on this report or supplemental repi rporation or the receiver or trustee o	ort is true and accurate and that n empowered to execute this report	ny signature shall have th as required by Chapter 6	e same legal effect as if made under path: th:	at Lam an officer or director	

SIGNATURE: