

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057024

1. Entity Name
GARY M. BUKSZAR, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 PM 1:11

Principal Place of Business

~~9410 N EDISON AVE~~
TAMPA, FL 33612

Mailing Address

~~9410 N EDISON AVE~~
TAMPA, FL 33612

10713 N. WATERHOLE

PLACE

2. Principal Place of Business - No P.O. Box #

10713 N. WATERHOLE

3. Mailing Address

TAMPA, FL 33612

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022008

Chg-P

CR2E034 (12/06)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3261192

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUKSZAR, GARY M
~~9410 N EDISON AVE~~
TAMPA, FL 33612

10713 N. WATERHOLE
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

TAMPA

FL

Zip Code

33612

8. The above named entity admits 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, 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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
BUKSZAR, GARY M
~~9410 N EDISON AVE~~
TAMPA, FL 33612

☐ Delete

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CITY - ST - ZIP
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BUKSZAR, GARY M
~~9410 N EDISON AVE~~
TAMPA, FL 33612

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-27-08

813 935 6318