

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093181

1. Entity Name

BUCHANON AND SON PLASTERING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90046 047 ***150.00

Principal Place of Business

Mailing Address

8102 BAYARD ROAD
 FORT PIERCE FL 34951

8102 BAYARD ROAD
 FORT PIERCE FL 34951-1360

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 **65-0551784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANON, GREGG
 8102 BAYARD ROAD
 FORT PIERCE FL 34951

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.

SIGNATURE Gregg Buchanan Gregg Buchanan 3-8-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00 *
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Delete
 NAME **BUCHANON, GREGG**
 STREET ADDRESS **8102 BAYARD ROAD**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **V. Pres.** ☐ Change ☒ Addition
 NAME **Thomas M. Buchanan**
 STREET ADDRESS **6309 DeLeon Ave. Ft. Pierce, FL 34951**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sec/Treas.** ☐ Change ☐ Addition
 NAME **Susan L. Buchanan**
 STREET ADDRESS **8102 Bayard Rd. Ft. Pierce, FL 34951**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Hector Montoya/Foreman** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **308 W. 24th St. Ft. Pierce, FL 34950**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregg Buchanan Gregg Buchanan 3-8-00 465-7242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)