

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093181

1. Entity Name
BUCHANON AND SON PLASTERING, INC.

Principal Place of Business
**8102 BAYARD ROAD
FORT PIERCE FL 34951**

Mailing Address
**8102 BAYARD ROAD
FORT PIERCE FL 34951**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

*To whom it may concern,
Please make sure that
the spelling of our last
name is correct!
Sergio Buchanan/S.*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0551784**

Applied For
Not Applicable

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

6. Name and Address

**BUCHANON, GREGG
8102 BAYARD ROAD
FORT PIERCE FL 34951**

**SERVING THE TRI-COUNTY AREA
SINCE 1972**

**LICENSED & INSURED
OCC# 2117
STATE# RX0053914**



**8102 BAYARD RD.
FT. PIERCE, FL 34951**

**(561) 461-8361
(561) 465-7242**

me and Address of New Registered Agent

Number is Not Acceptable)

FL Zip Code

it, or both, in the State of Florida.

8. The above named entity submits

SIGNATURE _____
Signature, typed or printed name

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

**After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	BUCHANON, GREGG	
STREET ADDRESS	8102 BAYARD ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCHANAN, THOMAS M	
STREET ADDRESS	6309 DELEON AVE	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUCHANAN, SUSAN L	
STREET ADDRESS	8102 BRYARD RD	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	F	<input checked="" type="checkbox"/> Delete
NAME	MONTOYA, HECTOR	
STREET ADDRESS	308 N 24TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchanan, Gregory A.	
STREET ADDRESS	8102 Bayard Rd.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchanan, Thomas M.	
STREET ADDRESS	6309 DeLeon Ave.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchanan, Susan L.	
STREET ADDRESS	8102 Bayard Rd.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buchanan, Donna L.	
STREET ADDRESS	6309 DeLeon Ave.	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
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		

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: _____

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregg A. Buchanan / Pres. 1-3-00 561-465-7242

Date

Daytime Phone #

0561847

CR2E034 (10/00)