.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000041790

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

BEV BUCKLEY, INC.



Principal Place of Business

250 ALEXANDER PLACE WINTER PARK FL 32789 Mailing Address

250 ALEXANDER PLACE

WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90229 003 ***150.00



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Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & Sta	City & State			4. FEI Number 59-3319600					ed For applicable	
Zip		Country	Zip		Country		5 . C	ertificate of Status Desired		\$8.75 Fee Requ		onal
	6. Name	and Address of Currer	t Registered Age	ent			7. N	ame and Address of New Rec	gistered	Agent		
BEVERI Y	K. BUCKLE	· · · · · · · · · · · · · · · · · · · 	=		Name			<u> </u>				
250 ALEXANDER PLACE				Street	Street Address (P.O. Box Number is Not Acceptable)							
	PARK FL 32							V				
ALIIA I ELI L	MIN FL 32	109			ļ							
					City				FL	Zip C	ode	
			for the purpose of	changing its re	egistered office	or register	ed age	nt, or both, in the State of Florid	da. I am	familiar wi	th, an	d accept
the obligat	ions of regist	ered agent.										
SIGNATURE .			<u></u>									
	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: I	Registered Agent sign	ature required	when rein	nstating)	DATE			
F	ILE NOW!!	! FEE IS \$150,00						9 - Election Compaign Fine	noina	¢.		
		3 Fee will be \$550.00			~			 Election Campaign Finar Trust Fund Contribution. 			ded to	May Be Fees
Make Check	Payable to	Florida Department	of State		_	•						
10.		OFFICERS AN	D DIRECTORS		11.		ADE	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT	DRS II	V 11
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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 clirector 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

STREET ADDRESS CITY-ST-ZIP