

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90196 046 \*\*\*150.00

**DOCUMENT # P95000087286**

1. Entity Name

CYNTHIA BUCHANAN, INC.

Principal Place of Business

10620 CASEY DR  
 NEWPORT RICHEY FL 34654  
 US

Mailing Address

10620 CASEY DR  
 NEWPORT RICHEY FL 34654  
 US

2. Principal Place of Business

5339 COTEE RIVER DR

3. Mailing Address

5339 COTEE RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34652

Country

US

Zip

34652

Country

US

4. FEI Number

59-3353050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, CYNTHIA

10620 CASEY DRIVE  
 NEW PORT RICHEY FL 34652

Name

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

5339 COTEE RIVER DR

City

NEW PORT RICHEY

FL

Zip Code

34652

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **BUCHANAN, CYNTHIA**  
 STREET ADDRESS **10620 CASEY DR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5339 COTEE RIVER DR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

CYNTHIA BUCHANAN, PRES

Date

Daytime Phone #

3/10/02 (707) 842-3483

CR2E034 (9/01)