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

## **DOCUMENT #** P95000087286

1. Entity Name

CYNTHIA BUCHANAN, INC.

Principal Place of Business

10620 CASEY DR

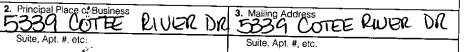
**NEWPORT RICHEY FL 34654** 

US

Mailing Address

10620 CASEY DR

**NEWPORT RICHEY FL 34654** 





5339 COTTE LIVER DR 5339 COTEE RIVER DR					s neminen via seras evins estri estri estri estri estri i estri			
Suite, Ap		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
New St.	ater Port Richer FZ	New Port	Riche	4.	FEI Number 59-3353050		Applied For Not Applicable	
340	sa country	34652	Country	5.	Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent		7	Name and Address of New R	legistered Agent	-	
DUCHAN	ANI CYATTINA	Name						
	AN, CYNTHIA	Street Address (P.O. Box Number is Not Acceptable) 5339 COTEE KIVEE DR						
	ASEY DRIVE	5339 COTEE KIVER DR						
NEW PU	RT RICHEY FL 34652	4	ļ					
			City	120 P	RT PICHEY	FL Zip C	2de, - 3	
8. The abov	e named entity submits this statement fo	the nurnose of changing its	rogistored office -		101 PICHEY	<u> </u>	54652	
SIGNATURE  9. This corp	Signatury typed or printed name of registered agent a portation is eligible to satisfy its Intangible	MMMM (NOTE	Registered Agent signal	ure required when re	einstating)	DATE	<del></del> -	
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1  Make Check Pa			002 Fee will be \$550.00 ble to Department of State					
TITLE	P Delete			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	BUCHANAN, CYNTHIA 10620 CASEY DR NEW PORT RICHEY FL 34652	NAME STREET ADDRESS CITY-ST-ZIP	5339	COTEE RIVE				
TITLE	WENT ON THORIETTE STOSE			NEW	PORT MEHEY	FL 346	052	
NAME		☐ Delete	TITLE NAME	:		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME	السينسينة الانتسار			Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
<del></del> -		<del>-</del>	CITY-ST-ZIP					
TITLE Name		Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	<b>-</b>					
IAME		C Delete	TITLE NAME			☐ Change	Addition	
			■ f					
CITY-ST-ZIP			CITY-ST-ZIP					
	-	☐ Delete	TITLE					
			NAME			Unange	☐ Addition	
ı			STREET ADDRESS					
		_	CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP  13. I hereby coindicated	ertify that the information supplied with the on this report or supplemental report is tr		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section 1	19.07(3)(i), Florida Statutes. I fu	Change  Urther certify that the in		

of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: