

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017075

1. Entity Name

BUCHANAN GROUP EMPLOYERS SERVICES, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90038 030 \*\*\*158.75

Principal Place of Business

Mailing Address

ATTN: ~~GERBANK LANGEN~~ Corp. Acctg.  
375 COMMERCE PARKWAY, SUITE 201  
ROCKLEDGE FL 32955

ATTN: ~~GERBANK LANGEN~~ Corp. Acctg.  
375 COMMERCE PARKWAY, SUITE 201  
ROCKLEDGE FL 32955-4209

2. Principal Place of Business

Attn: Corporate Accounting

Suite, Apt. #, etc.

375 Commerce Parkway

City & State

Rockledge, FL 32955

Zip

32955

Country

USA

3. Mailing Address

Attn: Corporate Accounting

Suite, Apt. #, etc.

375 Commerce Parkway

City & State

Rockledge, FL 32955

Zip

32955

Country

USA

4. FEI Number

59-3362523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, MARK S  
375 COMMERCE PARKWAY  
SUITE 210  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
TEAGUE, TONI M  
375 COMMERCE PKWY, SUITE 201  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BUCHANAN, MARK S  
375 COMMERCE PARKWAY, SUITE 201  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LONG, DONALD  
3752 COMMERCE PARKWAY, SUITE 210  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

Daytime Phone #

CR2F034 (9/99)