

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90009 037 ***150.00

0285263

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1. Entity Name

DEBORAH BUCKNER, P.A.

Principal Place of Business

**7204 PINE TREE LANE
WEST PALM BEACH FL 33406-6817**

Mailing Address

**7204 PINE TREE LANE
WEST PALM BEACH FL 33406-6817**

2. Principal Place of Business

30 ATLANTIC DR
Suite, Apt. #, etc.

3. Mailing Address

← 6 AME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST FL

City & State

← 6 AME

4. FEI Number **65-0709294**

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

← 6 AME

Country

← 6 AME

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCKNER, DEBORAH
7204 PINE TREE LANE
WEST PALM BEACH FL 33406-6817**

7. Name and Address of New Registered Agent

Name

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

30 ATLANTIC DRIVE

PALM COAST, FL 32137

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

Deborah Buckner

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, 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

TITLE **P** ☐ Delete
NAME **BUCKNER, DEBORAH**
STREET ADDRESS **7204 PINE TREE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 **30 ATLANTIC DRIVE**
CITY-ST-ZIP **PALM COAST, FL 32137**

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

TITLE ☐ Change ☐ Addition
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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:

Deborah Buckner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)