

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 011 ***150.00

DOCUMENT # **797600089525**

1. Entity Name **Buxton Group Inc** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2333 34th Street South

3. Mailing Address

Post Office Box 13644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Petersburg, FL

City & State
St Petersburg, FL

4. FEI Number

59-3484094

Applied For

Not Applicable

Zip
33712

Country
Pinellas

Zip
33733

Country
Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **The Company Corporation**

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

1201 Hays Street

City **Tallahassee**

FL

Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 |
|-------|-----------------|---------------------------------|-------------|
| | Director | K P Buxton | |
| | | 1709 Geronimo Road, #254 | |
| | | Valdosta, GA 31602 | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **g.k.p.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)