

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90107 008 ***150.00

DOCUMENT # P98000080451



1. Entity Name
BUCHANAN CONSTRUCTION & CARPENTRY, INC.

Principal Place of Business
**7646 GRAND MESA AVE
KEYSTONE HEIGHTS FL 32656**

Mailing Address
**7646 GRAND MESA AVE
KEYSTONE HEIGHTS FL 32656**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3541531**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES
ADDRESS CORRECTION

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHANAN, JOHN
7646 GRAND MESA AVE
KEYSTONE HEIGHTS FL 32656**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCHANAN, JOHN A	
STREET ADDRESS	7646 GRAND MESA AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCHANAN, EVAR	
STREET ADDRESS	7646 GRAND MESA AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, JOHN A.	
STREET ADDRESS	7646 GRAND MESA AVE.	ADDRESS CORRECTION
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL. 32656	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, EVA R.	
STREET ADDRESS	7646 GRAND MESA AVE	ADDRESS CORRECTION
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL. 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John A. Buchanan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. BUCHANAN

4/2/03

352 473-0847

Date Daytime Phone #

CR2E034 (10/02)