

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90025 049 ***150.00

DOCUMENT # P99000009309

1. Entity Name

BUFORD CONSTRUCTION COMPANY

Principal Place of Business

**4899 SE JACK AVENUE
STUART FL 34997-6723**

Mailing Address

**606 CAMDEN AVENUE
STUART FL 34994**

2. Principal Place of Business

606 Camden Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

4. FEI Number

65-0893849

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ -

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUFORD, DENNIS A
4899 SE JACK AVENUE
STUART FL 34997-6723**

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, 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 **PV** ☐ Delete
NAME **BUFORD, DENNIS A**
STREET ADDRESS **4899 SE JACK AVENUE**
CITY-ST-ZIP **STUART FL 34997-6723**

TITLE **TS** ☐ Delete
NAME **BUFORD, JI D**
STREET ADDRESS **4899 SE JACK AVENUE**
CITY-ST-ZIP **STUART FL 34997-6723**

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
CITY-ST-ZIP

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

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

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

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

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:

Ji D. Buford

Ji D. Buford

March 16, 2001 561-283-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)