

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026815

1. Entity Name

BULLER ENTERPRISES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90192 045 ***150.00

Principal Place of Business

6060 S.W. 14TH STREET
PLANTATION FL 33317

Mailing Address

6060 S.W. 14TH STREET
PLANTATION FL 33317-4806

2. Principal Place of Business

6060 SW 14th STREET

Suite, Apt. #, etc.

3. Mailing Address

6060 SW 14th STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0985886

Applied For

Not Applicable

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULLER, CARLTON J
6060 S.W. 14TH STREET
PLANTATION FL 33317

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT - P
STREET ADDRESS	CARLTON J. BULLER
CITY-ST-ZIP	6060 SW 14th STREET PLANTATION, FL 33317
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY - S
STREET ADDRESS	CARLTON J. BULLER
CITY-ST-ZIP	6060 SW 14th STREET PLANTATION, FL 33317
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER - T
STREET ADDRESS	CARLTON J. BULLER
CITY-ST-ZIP	6060 SW 14th STREET PLANTATION, FL 33317
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIRMAN - C
STREET ADDRESS	CARLTON J. BULLER
CITY-ST-ZIP	6060 SW 14th STREET PLANTATION, FL 33317
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	

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.

CARLTON J. BULLER, PRESIDENT

SIGNATURE:

Carlton J. Buller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

954-321-5657

Daytime Phone #