

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0134631 AT

DOCUMENT # P99000030707

1. Entity Name
BUCHANAN FISH COMPANY



FILED

03 OCT 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13435 W. HILLSBOROUGH AVE.
TAMPA FL 33635

Mailing Address
13435 W. HILLSBOROUGH AVE.
TAMPA FL 33635



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3568021

Applied For

Not Applicable

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, ALAN S
13435 W. HILLSBOROUGH AVE.
TAMPA FL 33635

Name

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

900023417429

City

09/30/03--01014--021 FL *** 256600

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

Alan S. Buchanan (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME BUCHANAN, ALAN S
STREET ADDRESS 13435 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

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

TITLE VP
NAME BUCHANAN, CHASE
STREET ADDRESS 13435 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alan S. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-03 813-814-0808
Date Daytime Phone #

CR2E034 (4/03)