

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

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90030 023 ***158.75

DOCUMENT # **P99000044888**

1. Entity Name

BUFFALO ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5135 INTERNATIONAL DR.

3. Mailing Address

809 N. HEMLOCK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 7

City & State

City & State

ORLANDO, FL

APOPKA, FL

Zip

Country

Zip

Country

32819

U.S.A.

32712

U.S.A.

4. FEI Number

59-3575396

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEVE M. JACKSON

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

809 N. HEMLOCK DR.

City

APOPKA

FL

Zip Code

32712

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.

STEVE M. JACKSON

(NOTE: Registered Agent signature required when reinstating)

3/7/02

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

**P/D
STEVE M. JACKSON
809 N. HEMLOCK DR.
APOPKA, FL 32712**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**V/D
JANIS E. JACKSON
809 N. HEMLOCK DR.
APOPKA, FL 32712**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE M. JACKSON

DATE

3/7/02

DAYTIME PHONE #

407-355-9295