2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000084150

Entity Name: BUCHANAN GROUP-FLORIDA, INC.

10800 E. WASHINGTON STREET

INDIANAPOLIS, IN 46229

Address: City-St-Zip: FILED Apr 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
10800 EAST WASHINGTON INDIANAPOLIS, IN 46229				10800 EAST WASHINGTON STREET INDIANAPOLIS, IN 46229	
Current Mailing Address:			New Mailing Address:		
10800 EAST WASHINGTON INDIANAPOLIS, IN 46229			10800 EAST WASHINGTON STREET INDIANAPOLIS, IN 46229		
FEI Number	: 35-2088744	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	ARK STREET N.W. FON, FL 34219	US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
•		satisfy its Intangible Tax filing red Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BUCHANAN, BR	IINGTON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LLOYD, JAMÈS	IINGTON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () BUCHANAN, BR	Delete IAN K	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BRUCE W. BUCHANAN PD 04/09/2002