

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P99000086624

1. Entity Name

BUCKSKIN DEVELOPMENT CORP.

FILED

00 SEP 18 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11471 WEST SAMPLE ROAD
SUITE 38
CORAL SPRINGS FL 33065

Mailing Address

11471 WEST SAMPLE ROAD
SUITE 38
CORAL SPRINGS FL 33065

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

APPLICABLE FOR

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

DECRANE, DEBORAH
11471 WEST SAMPLE ROAD
SUITE 38
CORAL SPRINGS FL 33065

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BICIocchi, LINDA
11471 WEST SAMPLE ROAD SUITE 38
CORAL SPRINGS FL 33065

☐ Delete

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

TITLE
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DECRANE, DEBORAH
11471 WEST SAMPLE ROAD SUITE 38
CORAL SPRINGS FL 33065

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☐ Change ☐ Addition

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:

NO SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

(954) 255-8812

Daytime Phone #

CR2E034 (5/00)

202

Memorandum

To: Division of Corporations
From: Buckskin Development Corp.
11471 West Sample Rd. Suite 38
Coral Springs, FL 33065
Date: 9/13/2000
Re: Uniform Business Report

I spoke to someone in your office last week, and explained that we did not receive the initial notice to complete the Uniform Business Report. The Gentleman that I spoke to instructed me to send in the original amount of \$150.00 to the P.O. Box 6327 address, with this explanation.

If you need any further information on this matter, please call me at (954) 255-8812

Thank you,



Deborah DeCrane

Secretary