

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16117

1. Corporation Name
BUCKROSS INC.

Principal Place of Business
**14017 WILLOW GLEN CT
SUITE 104
PORT CHARLOTTE FL 33953
US**

Mailing Address
**14017 WILLOW GLEN CT
SUITE 104
PORT CHARLOTTE FL 33953
US**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1990

4. FEI Number
65-0224776

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCKROSS, ALEXANDER
13688 LONG LAKE LANE
PORT CHARLOTTE FL 33953**

81 Name
ALEXANDER BUCKROSS

82 Street Address (P.O. Box Number is Not Acceptable)
14017 WILLOW GLEN CT # 104

83

84 City **PT. CHARLOTTE** FL 85 Zip Code **33953**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P BUCKROSS, ALEXANDER**
STREET ADDRESS **13688 LONG LAKE LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **14017 WILLOW GLEN CT. #104**
1.4 CITY-ST-ZIP **PT. CHARLOTTE FL 33953**

TITLE ☐ DELETE
NAME **S BUCKROSS, RITA**
STREET ADDRESS **13688 LONG LAKE LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **14017 WILLOW GLEN CT #104**
2.4 CITY-ST-ZIP **PT. CHARLOTTE FL 33953**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alexander Buckross **ALEXANDER BUCKROSS** 1/4/99 941-6252064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)