

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98635

1. Entity Name

BUCKEYE MARKETING, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90099 043 ***150.00

Principal Place of Business

Mailing Address

2000 WEBBER STREET
 SARASOTA FL 34239
 US

2000 WEBBER STREET
 SARASOTA FL 34239-5236
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4235 Castle Bridge Lane

4235 Castle Bridge Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 1222

Unit 1222

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34238

USA

34238

USA

4. FEI Number

65-0302352

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

NICKELL, KYLE
 804 BAYVIEW DRIVE
 NOKOMIS FL 34275

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

Kyle Nickell

4-28-00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS NICKELL, KYLE
 CITY-ST-ZIP 804 BAYVIEW DR
 NOKOMIS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4235 Castle Bridge Lane #1222
 CITY-ST-ZIP Sarasota FL 34238

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kyle Nickell* Kyle Nickell President 4-28-00 941-926-9260
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)