

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91198 036 \*\*\*150.00

**DOCUMENT # H05328**

**1. Entity Name**  
**BUFFALO JOE'S, INC.**



**Principal Place of Business**  
% JUNE E. HAYES  
RT #2 BOX 5345  
FT. WHITE FL 32038  
US

**Mailing Address**  
% JUNE E. HAYES  
RT #2 BOX 5345  
FT. WHITE FL 32038  
US

**2. Principal Place of Business**

**3. Mailing Address**

245 SW Breckenridge Ln  
Suite, Apt. #, etc.

245 SW Breckenridge Ln  
Suite, Apt. #, etc.

**City & State**  
FT. White Fla

**Zip** 32038  
**Country** US

**City & State**  
FT. White Fla

**Zip** 32038  
**Country** US

**4. FEI Number** 59-2560549

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

HAYES, JUNE E.  
RT 2 BOX 5345  
CR 238  
FT. WHITE FL 32038

**7. Name and Address of New Registered Agent**

**Name** Hayes June E  
**Street Address (P.O. Box Number is Not Acceptable)** 245 SW Breckenridge Ln  
**City** FT White **FL** **Zip Code** 32038

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD HAYES, JUNE E. RT 2, BOX 106 FT. WHITE FL	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD Hayes June E 245 SW Breckenridge Ln FT White, Fla 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED** June E Hayes June E Hayes 4-17-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)