

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2001 08:00 AM
Secretary of State

DOCUMENT # 761292

1. Entity Name
 R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.

Principal Place of Business 6701 MALLARDS COVE RD 6F JUPITER FL 33458 US	Mailing Address 6701 MALLARDS COVE RD 6F JUPITER FL 33458 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

LOVEJOY EDWIN C
 6701 MALLARDS COVE RD
 6F
 JUPITER FL 33458 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DICKERSON ANDREW	
STREET ADDRESS	6390 197TH PLACE N	
CITY-ST-ZIP	JUPITER FL 33450	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHOADS GRANVILLE	
STREET ADDRESS	309 CIRCLE W.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROOMS NEAL	
STREET ADDRESS	4027A WOODS EDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASAD SHELLEY	
STREET ADDRESS	304 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	LOVEJOY EDWIN C	
STREET ADDRESS	6701 MALLARDS COVE RD. #6F	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURPHY MICHAEL	
STREET ADDRESS	1211 CHEROKEE ST.	
CITY-ST-ZIP	JUPITER FL 33458	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX FRAN	
STREET ADDRESS	4340 NORTH MARY CIRCLE	
CITY-ST-ZIP	LAKE PARK FL 33410	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASAD SHELLEY	
STREET ADDRESS	5602 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: EDWIN C. LOVEJOY P **04/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)