2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Mar 12, 2002 8:00 am Secretary of State P93000037247 DOCUMENT # 1. Entity Name 03-12-2002 90019 012 ***150.00 JERRY BUSH, INC. Principal Place of Business Mailing Address 1311 NW 5TH AVE 1311 NW 5TH AVE មិនស្រីស្រួល GAINESVILLE FL 32603 GAINESVILLE FL 32603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3182084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSH, GERALDA 3315 N.W_158TH AVENUE GAINESVILLE FL 32609 32603 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE tres ident Addition (TITLE ☐ Change Bush, Linda W. 1311 NW 5 PAVE BUSH, GERALD L NAME NAME 3315 NW 156TH AVE. STREET ABORESS STREET ADDRESS **GAINESVILLE FL** CHY-ST-ZIP CITY-ST-ZIP Gainesuille Fz 32603 VΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME **BUSH, JENNIFER** 3303 NW 156TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32609** CITY-ST-ZIP TITLE TITLE Change ☐ Addition President ☐ Dele NAME NAME Bush, Linda W. STREET ADDRESS STREET ADDRESS 1311 NW 54 AVE. Gainesville, FL CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED

Daytime Phone #