

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90018 038 ***150.00

DOCUMENT # 246886

1. Entity Name
BUSHNELL SERVICE CORPORATION

Principal Place of Business

1914 BECHWAY ROAD
 SUITE 3M
 JACKSONVILLE FL 32207
 US

Mailing Address

1914 BECHWAY ROAD
 SUITE 3M
 JACKSONVILLE FL 32207
 US

2. Principal Place of Business

6034 Chester Ave.,

Suite, Apt. #, etc.

Suite #209

City & State

Jacksonville, FL

Zip

32217

Country

Duval

3. Mailing Address

6034 Chester Ave.,

Suite, Apt. #, etc.

Suite #209

City & State

Jacksonville, FL

Zip

32217

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0947845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LINN, CHARLOTTE
 1914 BEACHWAY ROAD
 SUITE 3-M
 JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINN, CHARLOTTE	
STREET ADDRESS	1914 BCHWY RD, STE 3-M	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOVE, MARY ELLEN	
STREET ADDRESS	1914 BCHWY SUTIE M	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	RANTZ, JACOB F.	
STREET ADDRESS	1914 BEACHWAY RD. SUITE 3M	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LINN, JAMES A.	
STREET ADDRESS	1914 BCHWY RD STE M	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RANTZ, BARBARA	
STREET ADDRESS	1914 BCHWY RD STE M	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6034 Chester Ave Suite 209
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6034 Chester Ave Suite 209
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6034 Chester Ave Suite 209
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6034 Chester Ave Suite 209
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6034 Chester Ave Suite 209
CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte Linn* President Bushnell 1/12/01 904 836-7171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

246886 Attachment
919463

BUSHNELL SERVICE CORPORATION

1914 BEACHWAY ROAD, SUITE 3-M
JACKSONVILLE, FLORIDA 32207

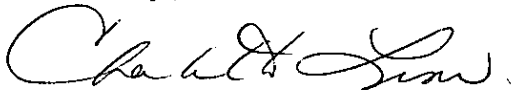
PHONE 904/399-5707

October 16, 2000

Dear

This letter will serve to inform you that as of October 1, 2000, our offices have moved. We are now located at 6034 Chester Avenue, Suite 209, Jacksonville, Florida 32217. Our new phone # is 904-636- 7171. Please use this address for any correspondence.

Sincerely,



Charlotte Linn
Bushnell Service Corporation
President