

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 246886**

1. Entity Name  
**BUSHNELL SERVICE CORPORATION**

Principal Place of Business  
**6034 CHESTER AVE.  
SUITE #209  
JACKSONVILLE FL 32217  
US**

Mailing Address  
**6034 CHESTER AVE.  
SUITE #209  
JACKSONVILLE FL 32217  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED  
01-31-2002 90014 017 \*\*\*150.00  
**02 FEB 12 PM 1:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 **LINN, CHARLOTTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**6034 CHESTER AVENUE  
SUITE 209**  
City **JACKSONVILLE, FL** Zip Code **32217**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LINN, CHARLOTTE 6034 CHESTER AVE SUITE 209 JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP LOVE, MARY ELLEN 6034 CHESTER AVE SUITE 209 JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT RANTZ, JACOB F. 6034 CHESTER AVE SUITE 209 JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS LINN, JAMES A. 6034 CHESTER AVE SUITE 209 JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP RANTZ, BARBARA 6034 CHESTER AVE SUITE 209 JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Charlotte Linn* **1/15/02** **904-636-7171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)