2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

536782

1. Entity Name

BUSHWHACKER INC.

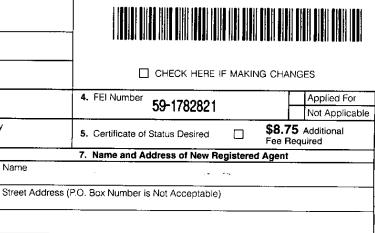
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Principal Place of Business Mailing Address 2428 E COMMERCIAL BLVD 2428 E COMMERCIAL BLVD

FI. LAUDENDALE	rt 33306	FI. LAUDERDALE FL 33308			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres	co		
		Suite, Apt. #, etc.			
		City & State			
Zip	Country	Zip	Country	$\frac{1}{2}$	
	6. Name and Address of Cu	rrent Registered Agent			
	*		Name		

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90848 025 ***150.00



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.

City

Burke, Kevin

2428 E. COMMERCIAL BLVD FT. LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check	Payable to Florida Department of State	Trust Fund Contribution.	☐ Added	to Fees			
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS	PTD PROFFER, PAUL 3100 NE 47 CT TH4 FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2E034 (10/02)
NAME STREET ADDRESS	vsd Burke, Kevin 2097 SW 27th Terr Fort Lauderdale Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	CR2
NAME STREET ADDRESS	D Day, John 2632 Sea Island Dr. FT Lauderdale Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Santalucia, E. 10208 14 W 6 Ct. Partation, FL 33324	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	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.