| BUSHNELL TITLE SERVICES, INC. Principal Place of Business 12 BUSHELL R. 2013 BUSHELL R. 2013 BUSHELL R. 2013 BUSHELL R. 2013 Suide, Apr. #. etc. | | PROFIT CORPO USINESS REPO 643663 | | FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90718 010 ***150.00 |
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| 120 BUSHELL PAZA BUSHELL P | | CES, INC. | | |
| Z. Procent Practice of Buildings A. Kenning Audoless Suite, Apt. #. dtc. Suite, Apt. #. dtc. Suite, Apt. #. dtc. Chy & State Check HFRE F MAKING CHANGES City & State City & State Check HFRE F MAKING CHANGES Applied Tot. Zito Country Zip Country S. Certificate of Status Desired Set 75 Additional Zip Country Zip Country S. Certificate of Status Desired Set 75 Additional Submer, ROBERT D. Harme . Lacability Submer in Nacourability The above named entity submits the statement for the propose of changing as gogistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of origistered digent, or both, in the State of Floring. The above named entity submits the statement for the propose of registered digent | 120 BUSHNELL PLAZA | 120 BUSHNELL PLA | | |
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| Zig Country Zip Country Status Desired | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| Zip Country Zip Country S. Certificate of Status Desired S87.5 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SUMNER, ROBERT D. 14150 6TH ST CyDE CITY FL 33525 1. Name and Address of New Registered Agent 1. Reanie The above named entry submits the statement by the augebase of changing its gettered office or registered agent. 1. Rean 1. State P.C. Sox Number Not Acceptable) 1. Rean 1. State P.C. Sox Number Not Acceptable) IGNATURE The above named entry submits the statement by the augebase of changing its gettered office or registered agent. 1. Rean 1. State P.C. Sox Number Not Acceptable) 1. Rean 1. State P.C. Sox Number Not Acceptable) IGNATURE The above named entry submits the state of the durates was instructing 1. Rean 1. State P.C. Sox Number Not Acceptable) 1. Rean 1. State P.C. Sox Number Not Acceptable) IGNATURE The Addition of registered agent. Intel State P.C. Sox Number Not Acceptable) 1. Rean 1. State P.C. Sox Number Not Acceptable | City & State | City & State | | |
| SUMMER, ROBERT D. 14150 6TH ST ExDE CITY FL 33525 Name Jeanie_Cermain | Zip Country | / Zip | Country | 5 Certificate of Status Desired \$8.75 Additional |
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| Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ret PD SUMNER, ROBERT D. Change Addit IRECT ADDRESS 14150 6TH STREET Change Addit DADE CITY FL CLARK, ELIZABETH STRET ADDRESS 14150 Sixth Street President MAKE ST STRET ADDRESS 14150 Sixth Street President MAKE STRET ADDRESS 14150 Sixth Street President MAKE STRET ADDRESS 14150 Sixth Street President MAKE STRET ADDRESS 14150 Sixth Street Addit MAKE STRET ADDRESS STRET ADDRESS 14150 Sixth Street Addit MAKE STRET ADDRESS STRET ADDRESS 14150 Sixth Street Change Addit MAKE STRET ADDRESS STRET ADDRESS 14150 Sixth Street Change Addit MAKE STRET ADDRESS STRET ADDRESS CH'-ST-ZP Dade City, FL 33525 Change Addit MAKE STRET ADDRESS CH'-ST-ZP Dade City, FL 33525 Change Addit < | BIGNATURE SIGNATURE FILE NOW!!! FEE IS After May 1, 2003 Fee with | It. e of registered agent and tile if applicable. S \$150.00 III be \$550.00 | all | I-22-03 Id when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be |
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| 2. 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 changed, or on an attachment with an address, with at other like empowered. | REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS | Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Change Addition |