

2002 UNIFORM BUSINESS REPORT (UBR)

1072
000175
AT

DOCUMENT # **A96000001105**

1. Entity Name

BUSHDOLL, LTD.

Principal Place of Business

**6885 NORTH OCEAN BLVD., APT. 102
OCEAN RIDGE FL 33435**

Mailing Address

**6885 NORTH OCEAN BLVD., APT. 102
OCEAN RIDGE FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0680373**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLODIG, GREGORY J ESQ.
GREENSPOON/MARDER/HIRSCHFELD/RAFKIN ETAL
100 WEST CYPRESS CREEK RD., STE. 700
FT. LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

624,051

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **Burns, Bushrod W**
NAME **WASHINGTON BURNS, BUSHROD**
STREET ADDRESS **6885 N. OCEAN BLVD., APT. 102**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

STREET ADDRESS

CITY-ST-ZIP

**800007451278--3
-08/30/02--01044--014**

DOCUMENT # **BURNS, DOLORES A**
NAME **6885 N. OCEAN BLVD., APT. 102**
STREET ADDRESS **OCEAN RIDGE FL 33435**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

******926.25 ****926.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

August 20, 2002

Date

Daytime Phone #

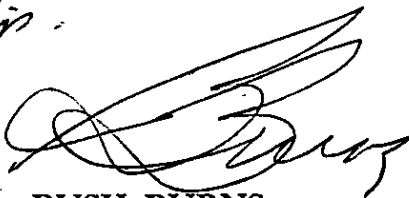
CR2E003 (4/02)

20/27

Dear Sir:

Please note that you have the general partner's name printed incorrectly.

I filed before May 1st online. It is obvious you did not receive it. I notice now online that a special # other than the document # is required. Please forward to me what ever I need to obtain this code # for the family limited partnership.



BUSH BURNS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 27 PM 12:04