2001 UNIFORM BUSINESS REPORT (UBR)

May 17, $\overline{2001}$ 8:00 am DOCUMENT # **F46382** Secretary of State 05-17-2001 90409 031 ***150.00 JERRY BUSCHE & ASSOCIATES, INC. Principal Place of Business Mailing Address 13841 HOLLAND PK DR 13841 HOLLAND PK DR B0057970 JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2137609 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUSCHE, JERRY** Street Address (P.O. Box Number is Not Acceptable) 13841 HOLLAND PARK DRIVE **SUITE 210** JACKSONVILLE FL 32224 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE Delete TITLE ☐ Addition BUSCHE, JERRY NAME NAME 1384 HOLLAND PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32222 CITY-ST-ZIP vts Delete TITLE Change ☐ Addition TITLE BUSCHE, ROBIN NAME NAME STREET ADDRESS 13841 HOLLAND PARK DRIVE STREET ADDRESS CITY-ST-ZIP -JACKSONVILLE FL 32224 CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

Jerry Busche SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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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 eath; 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

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FILED