

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003082

1. Entity Name

BUSHKIN ENTERPRISES, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90020 008 ***150.00

004322

Principal Place of Business
276 SAUSALITO BLVD
CASSELBERRY FL 32707
US

Mailing Address
276 E. SAUSALITO BLVD.
276 SAUSALITO BLVD
CASSELBERRY FL 32707
US

80025593



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
4591 WHOMBIE PL
Suite, Apt. #, etc.

City & State
WINTER PARK FL

4. FEI Number 34-1841286
Applied For
Not Applicable

Zip Country
32792 US

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

6. Name and Address of Current Registered Agent
BUSKIN, WAYNE G
276 SAUSALITO BLVD
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
Name
WAYNE BUSHKIN
Street Address (P.O. Box Number is Not Acceptable)
4591 WHOMBIE PL
City
WINTER PARK FL
Zip Code
32792

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 Wayne Bushkin DATE 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHKIN, WAYNE G		NAME	WAYNE G. BUSHKIN	
STREET ADDRESS	276 E. SAUSALITO BLVD.		STREET ADDRESS	4591 WHOMBIE PL	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHKIN, DEBBY J		NAME	DEBBY J. BUSHKIN	
STREET ADDRESS	276 E. SAUSALITO BLVD.		STREET ADDRESS	4591 WHOMBIE PL	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Wayne G Bushkin DATE 4/4/01 407-834-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)