## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #** J25504

1. Entity Name

THE BUSHEL STOP, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90055 030 \*\*\*150.00

						COO WE THE					
	lace of Busines	ss	Mailir	ng Address			7				
% JAMES LULFS			% JAMES LULFS								
8640 LANTANA ROAD			8640	8640 LANTANA ROAD							
LAKE WOR	TH FL 33467		LAKE	E WORTH FL 33467				)			
2. Principal	I Place of Busin	ness	3. Ma	3. Mailing Address							
Suite, Ap	ot. #, etc.		Suit	Suite, Apt. #, etc.				_			
C:t : 0.00								CHECK HERE IF MAKIN	G CHANGES	3	
City & State			City & State				4.	FEI Number 59-2712633	<b>─</b>	applied For lot Applicable	
Zip Country			Zip		Country		5.	Certificate of Status Desired	\$8.75 Ac	dditional	
	6: Name	and Address of Curre	nt Registere	ed Agent			7. 1	Name and Address of New Registered	Fee Require	ea	
						Name					
LANCIANESE, MICHELLE				Street Address			(P.O. B	(P.O. Box Number is Not Acceptable)			
8640 LANTANA ROAD LAKE WORTH FL 33467						enservice reserved (i.e. box number is not Acceptable)					
LAKE W	ORIH FL 334	467									
					Ī	City		FL	Zip Coc		
8. The above the obligation of	re named entity ations of regist	submits this statement ered agent.	for the purp	ose of changing its	registered	d office or register	red ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE											
SIGNATURE		or printed name of registered age	nt and title if appl	licable. (NOTE	: Registered	Agent signature required	d when re	einstating) DATE		<del></del>	
j	FILE NOW!!!	FEE IS \$150.00									
Afte	er May 1, 200	3 Fee will be \$550.00	)					Section Campaign Financing Trust Fund Contribution.		<b>00</b> May Be	
10.	K rayable to	Florida Department	[							d to Fees	
TITLE	PD OFFICERS AND		<del></del>		.11.			DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
NAME	LULFS, BR	AIN		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS		ANA ROAD				ADDRESS					
CITY-ST-ZIP		TH FL 33467			CITY-S					}	
TITLE	D			☐ Delete	TITLE		_		☐ Change	☐ Addition	
NAME		SE, MICHELLE			NAME				☐ Griange	☐ Audition	
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		TTH FL 33467		·	CITY-S	T-ZIP					
TITLE Name	VANDEETU	, KATHRYN		☐ Delete	TITLE			·	☐ Change	☐ Addition	
STREET ADDRESS	8640 LANT	ANA POAD			NAME	A D D D C C C C C C C C C C C C C C C C					
CITY-ST-ZIP	LAKE WOR	TH FL 33467			CITY-ST	ADDRESS [-ZiP		•			
TITLE	T			☐ Delete	TITLE						
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STREET ADDRESS	8640 LANT.				STREET	ADDRESS					
CITY-ST-ZIP	LAKE WOR	TH FL 33467			CITY-ST	- ZiP					
TILE	٧			☐ Delete	TITLE	·-			☐ Change	Addition	
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STREET ADDRESS SITY-ST-ZIP	8640 LANTA				STREET A	<b>I</b>				1	
	TAVE MOH	TH FL 33467	<del></del>		CITY-ST	- ZIP					
ITLE IAME				☐ Delete	TITLE			<del>-</del>	☐ Change	Addition	
TREET ADDRESS					NAME	DDDC00					
T					STREET A	NDDKF22					

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #