FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 06, 2001 8:00 am **DOCUMENT # K88836 Secretary of State** 1. Entity Name MELVIN BUSH CONSTRUCTION, INC. 02-06-2001 90289 015 ***150.00 Principal Place of Business Mailing Address 1131 CAMBRIDGE DR. 2748 CASELLA ST. PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL 34952 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 59-2950620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSH, STEVEN R. Street Address (P.O. Box Number is Not Acceptable) 3338 SNOW RD. PORT ST. LUCIE FL 34984 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change BUSH, MELVIN NAME NAME STREET ADDRESS STREET ADDRESS 1131 CAMBRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL **VSD** Change ☐ Addition Delete TITLE TITLE **BUSH, JOHANNE** NAME NAME STREET ADDRESS STREET ADDRESS 1131 CAMBRIDGE DR. CITY-ST-7IP CITY-ST-ZIP PORT ST. LUCIE FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.