

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90019 047 \*\*\*\*\*50.00

0046216

**DOCUMENT # L00000001525**

1. Entity Name

**BUSHS NATIVE NURSERY, ETC L.L.C.**



Principal Place of Business

**1103 ALABAMA AVENUE  
LYNN HAVEN FL 32444**

Mailing Address

**1103 ALABAMA AVENUE  
LYNN HAVEN FL 32444**

2. Principal Place of Business

**240 Harmon Ave**

Suite, Apt. #, etc.

**Apt 207**

City & State

**Panama City, FL**

Zip

**32401**

Country

**Bay**

3. Mailing Address

**240 Harmon Ave**

Suite, Apt. #, etc.

**Apt 207**

City & State

**Panama City, FL**

Zip

**32401**

Country

**Bay**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3624425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUSH, VERNON**

**1103 ALABAMA AVENUE  
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**240 Harmon Ave**

**APT 207**

City

**Panama City**

**FL**

Zip Code

**32401**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **BUSH, VERNON B MR**  
STREET ADDRESS **1103 ALABAMA AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **MGRM** ☐ Delete  
NAME **BUSH, KATHRYN A MRS**  
STREET ADDRESS **1103 ALABAMA AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **240 Harmon Ave Apt 207**  
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **240 Harmon Ave Apt 207**  
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Vernon B Bush**

**7 Apr 03**

Date

**(850) 913-9575**

Daytime Phone #

CR2E083 (10/02)