

3/21

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-20-2002 90240 039 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006086

1. Entity Name

BUSH & BUSH PROPERTIES, LLC

Principal Place of Business

% JAMES BUSH
 4900 ANDROS DR.
 TAMPA FL 33629

Mailing Address

% JAMES BUSH
 4900 ANDROS DR.
 TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3712693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, ROBERT ESQ.
 400 N. TAMPA ST., SUITE 2300
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MANAGER** ☐ Delete
 STREET ADDRESS **JAMES BUSH**
 CITY-ST-ZIP **4900 ANDROS DRIVE TPA, FL 33629**

TITLE NAME **Partner** ☐ Delete
 STREET ADDRESS **Dorothy Bush**
 CITY-ST-ZIP **4900 ANDROS DRIVE TAMPA, FL 33629**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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

1/21/2002

Date

727-397-6641

Daytime Phone #

CR2E083 (9/01)