2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L57219 DOCUMENT

1. Entity Name

SIGNATURE:

KARL BUSCH INVESTMENTS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90084 035 ***163.75

	· _ · - · - · · · · · · · · · · · · · ·			- -	
Principal Place of Business % ANNETTE R. BUSCH 1820 NE JENSEN BCH BLVD BOX 587 JENSEN BCH FL 34957		Mailing Address PMB 587 1820 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957			
2. Principal P	lace of Business	3. Mailing Address			JI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country		\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	lgent
			Name		
BUSCH, A	NNETTE R.		Street Address	s (P.O. Box Number is Not Acceptable)	
2233 NW	22ND AVE				
APT 17-10)1				
STUART F	FL 34994		City	FL	Zip Code
		or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept
the obligat	ions of registered agent. RANIETTE R. BUSC	H Amelie	Muso	1 JAN.7-	2003
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	FE: Registered Agrat signature requi	red when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	4
	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department o	f State			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTD	☐ Delete	TITLE		Change Addition
NAME	BUSCH, KARL H		NAME		
STREET ADDRESS CITY-ST-ZIP	2233 NE 22ND AVE,. APT 17-10 ⁻ STUART FL 34994	1	STREET ADDRESS CITY-ST-ZIP		
TITLE	0104(1112 04004	☐ Delete	TITLE		Change Addition
NAME			NAME		_
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	:		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-\$T-ZIP		-R-10-1	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		7
	,	Delete	TITLE		☐ Change ☐ Addition
TITLE NAME		□ Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicated of the cor	i on this report or supplemental report is	s true and accurate and that owered to execute this report	my signature shall have th t as required by Chanter 6	Section 119.07(3)(i), Florida Statutes. I further cer e same legal effect as if made under cath; that I is 07. Florida Statutes; and that my name appears in	am an officer or director