2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500002000



FILED Mar 11, 2003 8:00 am § Secretary of State

1 ′	ame G BUSH M	INISTRIES, INC.						03-11-2003 90136	029 ****61	1.25
Principal Place of Business 208 S. MAIN STREET VAN BUREN OH 45889			208 S.	Mailing Address 208 S. MAIN STREET VAN BUREN OH 45889						
2. Principal	Place of Busin	ness	3. Mail	ing Address						
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			Cit	y & State	 ,	**	1 00 000 110 1		Applied For lot Applicable	
Zip	-	Country	Zip)	Country		5. Certificate of	Status Desired	\$8.75 Ac	ditional
	6. Name	and Address of Curre	ent Registere	d Agent	<u></u>		7. Name and Ad	dress of New Registere		
	•	•	-	-	. Nam	<u>. </u>				
CORPORATE ACCESS 236 EAST 6TH AVENUE					Stree	Street Address (P.O. Box Number is Not Acceptable)				
IALLAHA	ASSEE FL 32	2303								
					City			F-	Zip Cod	de
8. The above the obligations of	e named entity ations of regist	y submits this statemen ered agent.	t for the purpo	ose of changing its	registered offic	e or register	ed agent, or both, i	n the State of Florida. Ta		, and accept
SIGNATURE		or printed name of registered ag								
		e pranco ramo o rogistereo ag	jent and title it appli	cable. (NOTE	: Registered Agent si	gnature required	when reinstating)	DATE		}
•	* .	7.	gent and title if appli	cable. (NOTE	: Registered Agent si	gnature required	when reinstating)	DATE		
*		: FEE IS \$61.25	ent and title if appil	9. Election Can Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees		ck Payable	
10.	FILE NOW	: FEE IS \$61.25		9. Election Can	npaign Financin ontribution.	g []	\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable artment of	State
		: FEE IS \$61.25		9. Election Can Trust Fund C	npaign Financin	g []	\$5.00 May Be Added to Fees	Make Che	ck Payable artment of	State
10.	PD BEST, WIL	OFFICERS AND		9. Election Can	npaign Financin ontribution.	g []	\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable artment of	State
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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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

419.289-3238