

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002088

1. Entity Name
TRES CRUZ, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90027 034 ***150.00

0683151

Principal Place of Business
**18 TROUT ST.
BHR OKEECHOBEE FL 34974**

Mailing Address
**18 TROUT ST.
BHR OKEECHOBEE FL 34974**

00017317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
650980737

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSH, JAMES R
18 TROUT ST.
BHR OKEECHOBEE FL 34974**

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 *James Robert Bush*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **BUSH, JAMES R**
STREET ADDRESS **18 TROUT ST.**
CITY-ST-ZIP **BHR OKEECHOBEE FL 34974**
☐ Delete

TITLE **P**
NAME **Bush, James R**
STREET ADDRESS **18 TROUT ST**
CITY-ST-ZIP **BHR OKEECHOBEE FL 34974**
☐ Change ☒ Addition

TITLE **V**
NAME **ALCORN, SHIRLEY**
STREET ADDRESS **10091 N.W. 39TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33014**
☒ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Robert Bush
Date **2/10/01** Daytime Phone # **1-305-9055772**

CR2E034 (10/00)