

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011922

1. Entity Name
BUSHONG INSURANCE ASSOCIATES, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90034 021 ***150.00

Principal Place of Business
103 SOLANA ROAD
SUITE A
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 3140
PONTE VEDRA BEACH FL 32004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

818 NORTH A1A

Suite, Apt. #, etc.

Suite 106

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Address

PO Box 3140

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

Zip

32004

Country

USA

4. FEI Number 59-3622236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature of the registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/02

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUSHONG, CHARLES R
137 SUMMERFIELD DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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

DATE

Daytime Phone #

1/27/02 904-285-6469

CR2E034 (9/01)