2001 UNIFORM BUSINESS REFORT (UBR)

SIGNATURE:

Jun 05, 2001 8:00 am DOCUMENT # P00000118065 **Secretary of State** 1. Entity Name 05-03-2001 90037 046 \*\*\*158.75 STEVE RUSHING, INCORPORATED Principal Place of Business Mailing Address 7230 OAK CREST DRIVE 7230 OAK CREST DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address above above Correct corre Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~ 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSHING, STEVE Street Address (P.O. Box Number is Not Acceptable) 7230 OAK CREST DRIVE PORT RICHEY FL 34668 Zip Code 8. The above named entity suppoits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. FILE NOW!!: FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition President, TITLE TITLE Deleta Steve Prishing NAME NAME oak crest or. STREET ADDRESS STREET ADDRESS Pt. Richy, Fla 34668 CITY-ST-ZIP CITY ST- 7IP TIFLE Сhange Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance · · [ ] Addition .TITLE ☐ Delete ·IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 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.

FILED

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