

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90196 016 ***150.00

DOCUMENT # P00000118065

1. Entity Name
STEVE RUSHING, INCORPORATED



Principal Place of Business
~~7230 OAK CREST DRIVE~~ 6062 Soffel Dr.
~~PORT RICHEY FL 34668~~ Brooksville, Fla 34602

Mailing Address
~~7230 OAK CREST DRIVE~~ 6062 Soffel Dr.
~~PORT RICHEY FL 34668~~ Brooksville, Fla 34602



2. Principal Place of Business
6062 Soffel Dr.

3. Mailing Address
6062 Soffel Dr.

Suite, Apt. #, etc.
Brooksville, Fla

Suite, Apt. #, etc.

City & State
Brooksville, Fla.

City & State
Brooksville, Fla.

Zip
34602

Country
USA

Zip
34602

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

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

RUSHING, STEVE

~~7230 OAK CREST DRIVE~~
~~PORT RICHEY FL 34668~~

Name Steve Rushing
Street Address (P.O. Box Number is Not Acceptable)
6062 Soffel Dr.

City Brooksville, FL 34602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RUSHING, STEVE
STREET ADDRESS 7230 OAK CREST DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE P
NAME RUSHING, STEVE
STREET ADDRESS 6062 Soffel Dr
CITY-ST-ZIP Brooksville, Fla 34602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (352) 796-5748
Date Daytime Phone #

CR2E034 (10/02)