

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90052 028 \*\*\*158.75

**DOCUMENT # P01000040722**

1. Entity Name

**BUSH BEACHOMES, INC.**

Principal Place of Business

**7005 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32408**

Mailing Address

**7005 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

**413 WILLIAMS AVENUE**

3. Mailing Address

**P.O. BOX 14217**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST. JOE, FLORIDA**

City & State

**MEXICO BEACH, FLORIDA**

4. FEI Number

**59-3712852**

Applied For

Not Applicable

Zip

**32457**

Country

**U.S.A.**

Zip

**32410**

Country

**U.S.A.**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BUSH, J.R.  
 7005 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name **BUSH, J.R. % COSTIN AND COSTIN**

Street Address (P.O. Box Number is Not Acceptable)  
**413 WILLIAMS AVENUE**

City **PORT ST. JOE**

**FL**

Zip Code  
**32457**

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: *J.R. Bush* **J.R. BUSH, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER.** **4/22/2002**

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, 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	<b>PVST BUSH, J.R. PO BOX 14217 MEXICO BEACH FL 32408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J.R. Bush* **J.R. BUSH, P.V.S.T.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/2002 850-624-0422**

Date

Daytime Phone #

CR2E034 (9/01)