

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90414 020 ***150.00

DOCUMENT # P02000089414

1. Entity Name

BUSH STUCCO & STONE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 RUMFORD RD

Suite, Apt. #, etc.

3. Mailing Address

C/O BASS & SANDFORT

Suite, Apt. #, etc.

1301 W GARDEN ST

DO NOT WRITE IN THIS SPACE

City & State
MOLINO FL

City & State
PENSACOLA FL

4. FEI Number
41-2058869

Applied For
☐ Not Applicable

Zip
32577

Country
USA

Zip
32501

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BASS & SANDFORT PA

Street Address (P.O. Box Number is Not Acceptable)
1301 W GARDEN ST

City
PENSACOLA FL Zip Code
32501

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**HARRY A BUSH D
110 RUMFORD RD
MOLINO FL 32577**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RUTH M BUSH D
110 RUMFORD RD
MOLINO FL 32577**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STEVE BUSH D
5981 TARA CIRCLE
MILTON FL 32583**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #