2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133438 1. Entity Name BUSWILL ENTERPRISE INC								FILED O4 MAR 18 AM 8: 38				
Principal Place of Business 2960 8TH AVE N.E NAPLES FL 34120				Mailing Address 2980 8TH AVE N.E NAPLES FL 34120			SECPETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business				3. Mailing Address				(1981-1881 111 8811- 11811 - 881-11- 64	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11101 1011	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				FIGURE OF THE PRINCE CHANGES - 09				
City & State				City & State			4.	FEI.Number			oplied For ot Applicable	<u> </u>
Zip	Country			Zip	ntry	5. Certificate of Status Des			ired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								Name and Address of New F]
FORBES, KEITH A								The second second second second	ئىلىنىد.	ಬಹುಸ್	-	-
	KEIIH A ' 114TH AV	E				Street Address	(P.O. 1	Box Number is Not Acceptable	:)			1
MIAM! FL		<u> </u>			 						1	
IVILAUVII TL	331/3											
						City			FL	Zip Cod		
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 accepted obligations of registered agent.												
SIGNATURE "	Signature, typed	or printed name of re	egistered agent and file	if applicable. (NC	TE: Registere	d Agent signature require	d when	reinstating)) 200 P	-	- N	1
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Fiorida Department of State								9. Election Campaign Fir Trust Fund Contribution		\$5.0 Added	0 May Be	
10.	C Payable (C		CERS AND DIREC		11.			DOITION OF COMMENTS TO OFF	10E00 1115 B	DEGTOR	0.11.44	1
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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 supplied printing 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 required 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: DECUIRED Oct 7. 2003												1
SIGNAL	UKE: _	SIGNATURE AN	ID TYPED OR PRINTED	NAME OF SIGNING OFFICE	R OR DIREC	TOR			Dayt	ime Phone #		