## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P93000080669 1. Entity Name BUSH & COMPANY EAST, INC. 02-14-2002 90069 027 \*\*\*150.00 Principal Place of Business Mailing Address 12208 -2ND STREET EAST 12208 2ND STREET EAST TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State: - -City & State\_ Applied For 4. FEI Number 59-3211083 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WERNER, SIDNEY Street Address (P.O. Box Number is Not Acceptable) **5720 CENTRAL AVENUE** ST. PETERSBURG FL 33707 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP TITLE ☐ Addition Delete ☐ Change NAME STUART BUSH NAME STREET ADDRESS 12208 2ND STREET E. STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE ŊΡ NAME JOANN BUSH NAME STREET ADDRESS 12208 2ND STREET E. STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

ddress, with all other like empowered

changed, or on an attack

SIGNATURE:

Daytime Phone #

727-360-2874

**FILED**