

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90136 010 ***150.00

DOCUMENT # P95000014747

1. Entity Name
BUSH'S INSTALLATIONS INC.

Principal Place of Business
1517 WOODFIELD OAKS DR.
APOPKA FL 32703

Mailing Address
1517 WOODFIELD OAKS DR.
APOPKA FL 32703

2. Principal Place of Business
907 TRAILWOOD DR
 Suite, Apt. #, etc.

3. Mailing Address
907 TRAILWOOD DR
 Suite, Apt. #, etc.

City & State
APOPKA FL
 Zip
32712

Country
ORANGE

City & State
APOPKA FL
 Zip
32712

Country
ORANGE

4. FEI Number
59-3299573

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSH, RICKY C
1517 WOODFIELD OAKS DR.
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
907 TRAILWOOD DR
 City **APOPKA** **FL** Zip Code **32712**

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 _____
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 **P** ☐ Delete
 NAME **BUSH, RICK C**
 STREET ADDRESS **1517 WOODFIELD OAKS DR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **BUSH, RICK C**
 STREET ADDRESS **907 TRAILWOOD DR**
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE RICKY C BUSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

407-620-0050

Daytime Phone #

CR2E034 (9/01)