

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90115 014 ***150.00

DOCUMENT # P95000045218

1. Entity Name

LUSHA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 1122

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1122

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deltaville, VA

Zip 23043 **Country** United States

City & State
Deltaville, VA

Zip 23043 **Country** United States

4. FEI Number
59-3321120

Applied For
Not Applicable

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

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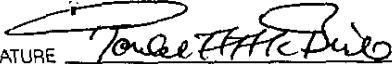
7. Name and Address of Current Registered Agent

Name
RONALD A. McBRIDE

Street Address (P.O. Box Number is Not Acceptable)
320 Osceola Avenue

City Jacksonville Beach **FL** **Zip Code** 32250

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  **RONALD A. McBRIDE**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME Howell, Paul S.
STREET ADDRESS P.O. Box 1122
CITY-ST-ZIP Deltaville, VA 23043

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

SIGNATURE:  **Paul S. Howell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02
Date

(904) 241-2533
Daytime Phone #

CR2E0345 (12/01)