

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 002 ***558.75

DOCUMENT # P95000056681

1. Entity Name
BUNYAN ENTERPRISES, INC.

Principal Place of Business
1861 PLACIDA RD
SUITE 204
ENGLEWOOD FL 34223

Mailing Address
1861 PLACIDA RD
SUITE 204
ENGLEWOOD FL 34223

2. Principal Place of Business
4935 WESSEX WAY
 Suite, Apt. #, etc.

3. Mailing Address
4935 WESSEX WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAND O' LAKES, FL.

City & State
LAND O' LAKES FL

4. FEI Number **65-0621073**

Applied For
 Not Applicable

Zip Country
34639 USA

Zip Country
34639 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNYAN, TERENCE
15930 VICOUNT DRIVE
PORT CHARLOTTE FL 33981

Name
BUNYAN TERENCE
 Street Address (P.O. Box Number is Not Acceptable)
4935 WESSEX WAY
 City
LAND O' LAKES FL Zip Code
34639

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 **TERENCE BUNYAN** (D) **8/8/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.) 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BUNYAN, TERENCE**
 STREET ADDRESS **15930 VICOUNT DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☒ Change ☐ Addition
 NAME **BUNYAN TERENCE**
 STREET ADDRESS **4935 WESSEX WAY**
 CITY-ST-ZIP **LAND O' LAKES FL 34639** (ADDRESS ONLY)

TITLE **D** ☐ Delete
 NAME **BUNYAN, JOCELYNE**
 STREET ADDRESS **15930 VICOUNT DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☒ Change ☐ Addition
 NAME **BUNYAN JOCELYNE**
 STREET ADDRESS **4935 WESSEX WAY**
 CITY-ST-ZIP **LAND O' LAKES FL 34639** (ADDRESS ONLY)

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

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: **TERENCE BUNYAN** (D) **8/8/02** **(813) 994 1141**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)