## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 05, 2003 8:00 am

1. Entity Name CANE, SPLII	NE, RUSH & SUCH,	INC.	03-05-2003 90087 005 ***150.00				
Principal Place of Business 65 1ST CT. SW VERO BEACH FL 32962		Mailing Address 65 1ST CT. SW VERO BEACH FL 32962			O ZARAR KOZA GLANG RANGK IKON KORK		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0649048	Applied For Not Applicable		
Zìp 	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Cu	irrent Registered Agent	7. Name and Address of New Registered Agent				
BUCK, SHARE	RON G	- :	Name				
65 1ST CT. S' VERO BEACH	W		Street Address				
			City	FL	Zip Code		
SIGNATURE	or registered agent.			ored agent, or both, in the State of Florida. I am			
Signa	ature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE			

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**\$5.00** May Be Added to Fees

NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, SHARRON G 65 1ST CT. SW VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>-</del> <del></del> -	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	 ☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition

11.

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 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 10 or Block 11 if Sharron G.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10.

TITLE

D

Delete

☐ Change

☐ Addition