

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026427

Entity Name  
BUSH CONSULTANTS, INC.



Principal Place of Business  
448 JOHNSON ST  
HOLLYWOOD FL 33024

Mailing Address  
6448 JOHNSON ST  
HOLLYWOOD FL 33024

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90199 030 \*\*\*150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0747293

Applied For

Not Applicable

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

STANWAY, ROGER G ESQ.  
2122 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BUSH, SHARON K  
STREET ADDRESS 6448 JOHNSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33024

☒ Delete

TITLE President-Vice President  
NAME Director  
STREET ADDRESS Maurice F. Bush  
CITY-ST-ZIP 6448 Johnson ST Hollywood FL 33024

☒ Change ☐ Addition

TITLE ST  
NAME BUSH, MAURICE F  
STREET ADDRESS 6448 JOHNSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: *Maurice F. Bush* SIGNATURE REQUIRED: *Maurice F. Bush Sec/Treas* Date: *1-12-03* Daytime Phone #: *(954) 963 4035*

CR2E034 (10/02)