

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000039308**

1. Entity Name

BUSHMANS' INC. 401 KS-FLA.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 014 ***150.00

Principal Place of Business

Mailing Address

**621 EAST GRAND AVENUE
ROSHOLT WI 54473****621 EAST GRAND AVENUE
ROSHOLT WI 54473-9327****B0007087**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2448863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REINDERS, JAMES M
870 BALD EAGLE DRIVE
SUITE 1B
MARCO ISLAND FL 34145**

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PM	<input type="checkbox"/> Delete
NAME	BUSHMAN, JEROME	
STREET ADDRESS	621 E GRAND AVE	
CITY-ST-ZIP	ROSHOLT WI 54473	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SKALEN, CHRISTOPHER	
STREET ADDRESS	3 MAIN AVE N	
CITY-ST-ZIP	HARMONY MN 55939	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOBBE, LESLIE	
STREET ADDRESS	621 E GRAND AVE	
CITY-ST-ZIP	ROSHOLT WI 54473	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUSHMAN, DERRICK	
STREET ADDRESS	621 E GRAND AVE	
CITY-ST-ZIP	ROSHOLT WI 54473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUSTEE

Date

Daytime Phone #

1/15/00

(715) 677-4250