

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90110 024 \*\*\*150.00

**DOCUMENT # P97000108364**

**1. Entity Name**  
**BUSHNELL AND SONS INC.**

**Principal Place of Business**

**137 SE 39TH AVE**  
**OCALA FL 34471**

**Mailing Address**

**137 SE 39TH AVE**  
**OCALA FL 34471**

**2. Principal Place of Business**

**233 NE 12<sup>TH</sup> TERRACE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**233 NE 12<sup>TH</sup> TERRACE**  
 Suite, Apt. #, etc.

**City & State**  
**OCALA, FL**

**Zip**  
**34470**

**Country**

**City & State**  
**OCALA, FL**

**Zip**  
**34470**

**Country**

**4. FEI Number**  
**59-3482241**

**Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BUSHNELL, MICHAEL C**  
**127 SAVANNA RD**  
**CRAWFORDVILLE FL 32327**

**7. Name and Address of New Registered Agent**

**Name**

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

**233 NE 12<sup>TH</sup> TERRACE**

**City**

**OCALA**

**FL**

**Zip Code**

**34470**

**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** *Michael Casey Bushnell*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**2-7-02**

**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, 2002 Fee will be \$550.00**  
**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** **S** ☒ Delete  
**NAME** **BUSHNELL, CHRISTY**  
**STREET ADDRESS** **137 SE 39TH AVE**  
**CITY-ST-ZIP** **OCALA FL 34471**

**TITLE** **D** ☐ Delete  
**NAME** **BUSHNELL, MICHAEL V**  
**STREET ADDRESS** **6 DAUPHINE DR.**  
**CITY-ST-ZIP** **LAKE ST LOUIS MO 66367-1739**

**TITLE** **P** ☐ Delete  
**NAME** **BUSHNELL, MICHAEL C**  
**STREET ADDRESS** **137 SE 39TH AVE**  
**CITY-ST-ZIP** **OCALA FL 34471**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **233 NE 12<sup>TH</sup> TERRACE**  
**CITY-ST-ZIP** **34470**

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

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

**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:** *Michael Casey Bushnell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**2-7-01**

**352-266-1315**

CR2E034 (9/01)