

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108364

1. Entity Name  
BUSHNELL AND SONS INC.



**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90022 027 \*\*\*150.00

00000001  
FP

Principal Place of Business  
233 NW 12TH TERRACE  
OCALA FL 34470

Mailing Address  
233 NW 12TH TERRACE  
OCALA FL 34470



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4420 S.E. 18th Ave

3. Mailing Address

4420 S.E. 18th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3482241

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUSHNELL, MICHAEL C  
233 NE 12TH TERRACE  
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Bushnell, Michael C.

Street Address (P.O. Box Number is Not Acceptable)  
4420 S.E. 18th Ave

City Ocala

FL

Zip Code 34480

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: Michael C Bushnell  
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 D ☐ Delete  
NAME BUSHNELL, MICHAEL V  
STREET ADDRESS 6 DAUPHINE DR.  
CITY-ST-ZIP LAKE ST. LOUIS MO 66367-1739

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

TITLE P ☐ Delete  
NAME BUSHNELL, MICHAEL C  
STREET ADDRESS 233 NE 12TH TERRACE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☒ Change ☐ Addition  
NAME Bushnell, Michael C.  
STREET ADDRESS 4420 S.E. 18th Ave  
CITY-ST-ZIP Ocala, FL 34480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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: Michael C Bushnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)