

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000010926**

1. Entity Name

MARTIN, BUSH & ASSOCIATES, INC.**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90050 027 ***150.00

Principal Place of Business

20455 SW 5TH ST
PEMBROKE PINES FL 33029

Mailing Address

20455 SW 5TH ST
PEMBROKE PINES FL 33029-5032

2. Principal Place of Business

P.O. Box 297133

3. Mailing Address

P.O. Box 297133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A8U361U3



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-0809338

Applied For

Not Applicable

Zip

Country

33029

U.S.A.

Zip

Country

33029

U.S.A.

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

6. Name and Address of Current Registered Agent

MARTIN-BUSH, ELIZABETH
20455 SW 5TH ST
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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

Elizabeth Martin Bush

1/12/2000

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	D	<input type="checkbox"/> Delete
NAME	MARTIN-BUSH, ELIZABETH A	
STREET ADDRESS	20455 SW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, JOHN E JR.	
STREET ADDRESS	20455 SW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE:

Elizabeth Martin Bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 (954) 443-8434

Date

Daytime Phone #