

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION  
FOR  
STATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90161 019 \*\*\*150.00

DOCUMENT # **0980000 4321 5**

Corporation Name  
**Bulston Enterprises, Inc.**

Place of Business Mailing Address  
**7421 Bent Oak Dr. Port Richey, FL 34668**

**A0065020**

addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Office Address, If Applicable <b>7421 Bent Oak Dr</b>	3. New Mailing Office Address, If Applicable <b>7421 Bent Oak Dr</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>5-11-98</b>
Ant #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3508997</b>
City & State <b>Port Richey FL</b>	City & State <b>Port Richey FL</b>	Applied For <input type="checkbox"/> Not Applicable
Country <b>4668</b>	Zip <b>34668</b>	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
	Wayne Bulston		7421 Bent Oak Dr		Port Richey FL 34668

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**James H. Collier Sr.**  
**7421 Bent Oak Dr.**  
**Port Richey, FL 34668**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	<b>FL</b>

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

*James H. Collier Sr.*  
REGISTERED AGENT MUST SIGN

Date **4-26-00**

This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees due the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Wayne Bulston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-00** (727) 815-8787  
Daytime Phone #