## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

**SIGNATURE:** 

## FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P98000102899 1. Entity Name MACBUSH, INC. 03-26-2001 90016 039 \*\*\*150.00 Principal Place of Business Mailing Address 10 PALM COURT 1699 NW RIVER TRAIL STUART FL 34996 STUART FL 34994 LUUUIIIUU 3. Mailing Address 2. Principal Place of Business Palm CT 1699 N.W. River Tra. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0885309 Not Applicable Stua FL \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 5Amε MACMULLEN, WESLEY A Street Address (P.O. Box Number is Not Acceptable) 1699 NW RIVER TRAIL STUART FL 34994 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MACMULLEN, WESLEY A STREET ADDRESS STREET ADDRESS 1699 NW RIVER TRAIL CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Change ☐ Addition ☐ Delete TITLE NAME BUSHA, PAMELA M NAME STREET ADDRESS STREET ADDRESS 10 PALM COURT -CITY-ST-7IP CITY\_ST\_ZIP\_ STUART FL:34996 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Panela M. Busha