

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016185

1. Entity Name

BUSHEY'S WEB INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90547 034 ***150.00

Principal Place of Business

Mailing Address

7165 TAM O'SHANTER BLVD
LAUDERDALE FL 33068

7165 TAM O'SHANTER BLVD
NORTH LAUDERDALE FL 33351-5422

2. Principal Place of Business

3. Mailing Address

8701 N.W. 46 Street
Suite, Apt. #, etc.

8701 N.W. 46 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lauderhill, FL
Zip
33351

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Lauderhill, FL
Zip
33351

4. EFT Number
06-1539848

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD., SUITE 195
ORMOND BEACH FL 32176

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

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHEY, JIM 7165 TAM O'SHANTER BLVD NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHEY, SHERYL 7165 TAM O'SHANTER BLVD NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8701 N.W. 46 St Lauderhill, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8701 N.W. 46 St Lauderhill, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Bushey

Date

Daytime Phone #

4/12/00 954-748-2210

CR2E034 (9/99)