

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90260 005 ***150.00

DOCUMENT # P99000036157

1. Entity Name
BUSBEE CONSTRUCITON CORP.



Principal Place of Business
600 THACKER AVE
SUITE D-51
CLERMONT FL 34711
US

Mailing Address
10034 LAKE LOUISA RD
CLERMONT FL 34711

2. Principal Place of Business
220 E Monument Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State

Zip
34741

Country
USA

Zip

Country

4. FEI Number **59-3557349**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBEE, JAMES C
10034 LAKE LOUISA RD
CLERMONT FL 34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Delete
NAME **BUSBEE, CARRIE G**
STREET ADDRESS **10034 LAKE LOUISA RD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **PD** ☐ Delete
NAME **BUSBEE, JAMES C**
STREET ADDRESS **10034 LAKE LOUISA RD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

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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 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03 **352 394 4578**
Date Daytime Phone #

CR2E034 (10/02)