

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90052 045 ***150.00

DOCUMENT # P99000069331

1. Entity Name

LUSHER PAVING CONSULTANTS, INC.

Principal Place of Business

**17037 S.E. 71ST STREET
 OKLAWAHA FL 31179**

Mailing Address

**17037 S.E. 71ST STREET
 OKLAWAHA FL 31179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9129 US HWY #19
 Suite, Apt. #, etc.

3. Mailing Address

17037 SE 71ST ST
~~9029 US HWY #19~~
 Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

OKLAWAHA FL

4. FEI Number

59-3589369

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

32179

Country

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUSHER, SHIRLEY A
 17037 S.E. 71ST STREET
 OKLAWAHA FL 32179**

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

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LUSHER, SHIRLEY A	
STREET ADDRESS	17037 S.E. 71ST STREET	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUSHER, JAMES T	
STREET ADDRESS	16195 SE 13TH ST	
CITY-ST-ZIP	OKLAWAHA FL 32179	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

727-845-5828

Daytime Phone #

CR2E034 (9/01)