

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90090 006 ***150.00

DOCUMENT # V17606

1. Entity Name

E.L.CUSHING, INC.

DO NOT WRITE IN THIS SPACE

10045173

2. Principal Place of Business
2701 DR. MARTIN LUTHER

3. Mailing Address
2701 DR. MARTIN LUTHER

Suite, Apt. #, etc.
KING JR. DRIVE

Suite, Apt. #, etc.
KING JR. DRIVE

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number
59-3122196

Applied For
Not Applicable

Zip
32503

Country

Zip
32503

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CUSHING, E.L.

Street Address (P.O. Box Number is Not Acceptable)
2701 DR. MARTIN LUTHER KING JR. DR

City
PENSACOLA

FL

Zip Code
32503

**DO NOT WRITE
IN THIS SPACE**

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

E.L. Cushing E.L. CUSHING INC PRES.

3/18/03
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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
NAME
D
CUSHING, E.L.
STREET ADDRESS
2701 DR MARTIN LUTHER KING JR DR
CITY - ST - ZIP
PENSACOLA FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E.L. Cushing E.L. CUSHING INC

3/18/03 850-452-4026
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR