

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90052 050 \*\*\*\*61.25

**DOCUMENT # 768919**

1. Entity Name

**4139 MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**4139 S ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32169  
 US**

**4139 S ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32169  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2334672**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHS MELYNDA  
 4139 S ATLANTIC AVENUE  
 NEW SMYRNA BEACH FL 32169**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |
|----------------|--|--|
| TITLE          | <b>P</b>                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ABBOTT, RAYMOND</b>                   |  |
| STREET ADDRESS | <b>UNIT #B601, 4139 S. ATLANTIC AVE.</b> |  |
| CITY-ST-ZIP    | <b>NEW SMYRNA BEACH FL 32169</b>         |  |
| TITLE          | <b>S</b>                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BRADBURY, LEE</b>                     |  |
| STREET ADDRESS | <b>UNIT #B703 4139S ATLANTIC AVE</b>     |  |
| CITY-ST-ZIP    | <b>NEW SMYRNA BEACH FL 32169</b>         |  |
| TITLE          | <b>D</b>                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>JINCENT, SANDY</b>                    |  |
| STREET ADDRESS | <b>UNIT #A406, 4139 S ATLANTIC AVE</b>   |  |
| CITY-ST-ZIP    | <b>NEW SMYRNA BEACH FL 32169</b>         |  |
| TITLE          | <b>VP</b>                                | <input type="checkbox"/> Delete            |
| NAME           | <b>WEISS, TOM</b>                        |  |
| STREET ADDRESS | <b>UNIT #A207, 4139 S. ATLANTIC AVE.</b> |  |
| CITY-ST-ZIP    | <b>NEW SMYRNA BEACH FL 32169</b>         |  |
| TITLE          | <b>T</b>                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>BOYDSTON, KENNETH</b>                 |  |
| STREET ADDRESS | <b>265 SHADY OAKS CIR</b>                |  |
| CITY-ST-ZIP    | <b>LAKE MARY FL 32746</b>                |  |
| TITLE          | <b>D</b>                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>ALEXANDER, DON</b>                    |  |
| STREET ADDRESS | <b>UNIT #B701 4139 S ATLANTIC AVE</b>    |  |
| CITY-ST-ZIP    | <b>NEW SMYRNA BEACH FL 32169</b>         |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>P</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Alexander, Don</b>              |  |
| STREET ADDRESS | <b>B701, 4139 S. ATLANTIC AVE</b>  |  |
| CITY-ST-ZIP    | <b>New Smyrna Bch., FL 32169</b>   |  |
| TITLE          | <b>S</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Sando, Vincent</b>              |  |
| STREET ADDRESS | <b>A406, 4139S. ATLANTIC AVE.</b>  |  |
| CITY-ST-ZIP    | <b>New Smyrna Bch., FL 32169</b>   |  |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Garvey, William</b>             |  |
| STREET ADDRESS | <b>B602, 4139 S. ATLANTIC AVE.</b> |  |
| CITY-ST-ZIP    | <b>New Smyrna Beach, FL 32169</b>  |  |
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Boydston, Kenneth</b>           |  |
| STREET ADDRESS | <b>B407, 4139 S. ATLANTIC AVE.</b> |  |
| CITY-ST-ZIP    | <b>New Smyrna Bch., FL 32169</b>   |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Pitts, Steve</b>                |  |
| STREET ADDRESS | <b>B807, 4139 S ATLANTIC AVE.</b>  |  |
| CITY-ST-ZIP    | <b>New Smyrna Bch., FL 32169</b>   |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>White, Ward</b>                 |  |
| STREET ADDRESS | <b>B404, 4139 S. ATLANTIC AVE.</b> |  |
| CITY-ST-ZIP    | <b>New Smyrna Bch., FL 32169</b>   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 617, 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: *Melinda Sachs* Melinda Sachs 1/5/02 (386) 428-5691

CR2E037 (9/01)