

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90055 033 ***150.00

0628943 AB

DOCUMENT # F98000007049

1. Entity Name
DAVID VAUGHAN INVESTMENTS, INC.

Principal Place of Business Mailing Address
5823 N. FOREST PARK DR. **5823 N. FOREST PARK DR.**
PEORIA IL 61614 **PEORIA IL 61614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
37-1272863 Not Applicable

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

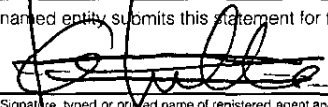
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHAN, JO
8754 LAKE TIBET CT.
ORLANDO FL 32836

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  DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPT	<input type="checkbox"/> Delete
NAME	VAUGHAN, DAVID	
STREET ADDRESS	5823 N. FOREST PARK DR.	
CITY-ST-ZIP	PEORIA IL 61614	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILLIAMS, LAWRENCE IV	
STREET ADDRESS	5823 N. FOREST PARK DR.	
CITY-ST-ZIP	PEORIA IL 61614	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, BRIAN	
STREET ADDRESS	5823 N. FOREST PARK DR.	
CITY-ST-ZIP	PEORIA IL 61614	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAUGHAN, ANNE	
STREET ADDRESS	5823 N. FOREST PARK DR.	
CITY-ST-ZIP	PEORIA IL 61614	
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"/> 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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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

3-12-02 **309.685.0033**
 Date Daytime Phone #

CR2E034 (9/01)