2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00928

FILED Mar 17, 2003 Secretary of State

Entity Name: 1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUMASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1301 BEVILLE ROAD DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 152 RIDGEWOOD AVE HOLLY HILL, FL 32117 US FEI Number: 59-2909249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HASTINGS, MARY LYNN BAXTER, AARON Name: Name: 1301 BEVILLE RD. #21 Address: 1301 BEVILLE RD. #1 Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 (X) Change () Addition Title: () Delete Title: VPD BAXTER, AARON Name: WILSON, CLYDE Name: Address: 1301 BEVILLE RD #1 Address: 1301 BEVILLE RD #13 City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: STD () Delete Title: () Change () Addition JAMES, DENISE Name: Name: 1301 BEVILLE RD #18 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: () Delete Title: Title: () Change () Addition ALLEN, DAN Name: Name: 1301 BEVILLE ROAD #20 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINDLE, CLIFFORD PELLETIER, JIM Name: Name: 6 TALO CIRCLE 1301 BEVILLE ROAD #15 Address: Address: PORT ORANGE, FL 32119 City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON BAXTER PD 03/17/2003