2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2003 8:00 am

| DOCUMENT # 244299 1. Entity Name | | | | Secretary of State 02-25-2003 90109 032 ***150.00 | |
|---|--|--|--|--|--|
| MCELY | EA FERNERY & GROVES, | | | | |
| Principal Place of Business HUGH, F. MCELYEA DISTRICT ROAD 3-3024 YALAHA FL 34797 | | Mailing Address P.O. BOX 6 YALAHA FL 34797 US | | | Digger (1955) Sign (1955) Walk Hall Hall Brah Hall Dani Jani |
| <u> </u> | l Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| City & State | | City & State | | 4. FEI Number 59-0915123 | Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Curre | ent Registered Agent | | 7. Name and Address of New Register | |
| | | | Name | | ou Agein |
| CUMMINS, NORMAN C. | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1009 NORTH 14TH ST | | | Sireer Address (P.O. Box Number is Not Acceptable) | | |
| LEESBURG FL 32749-8656 | | | | | · · · · · · · · · · · · · · · · · · · |
| } | | | City | | |
| R Thompson | 10 comed colity out to the state of | | ' | | FL Zip Code |
| the oblig | ations of registered agent. | it for the purpose of changing its | registered office or registe | ered agent, or both, in the State of Florida. | am familiar with, and accept |
| [| . I | • | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if englished | S.B. S. | | |
| | | The state of the s | : Registered Agent signature required | d when reinstating) D/ | ATE |
| Aft | FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.0 | 00 | • | Election Campaign Financing Trust Fund Contribution. | |
| | ck Payable to Florida Department | | | rust Fund Contribution. | Added to Fees |
| 70. | | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 11 |
| TITLE NAME | PD HARRIS, CLAIRE M. | ☐ Delete | TITLE | • | ☐ Change ☐ Addition |
| STREET ADDRESS | | 124 2 | NAME | | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | The second second | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | VD | | | | |
| NAME | MCELYEA, HUGH M. | ☐ Delete | TITLE NAME | | Change Addition |
| STREET ADDRESS | 159-34 RIVERSIDE DR W | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10032 | | CITY-ST-ZIP | | |
| TITLE | AS | _ Delete | TITLE | | Change C Addition |
| NAME | CUMMINS, NORMAN C. | | NAME | | Change Addition |
| STREET ADDRESS | 1009 NORTH 14TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG FL | <u> </u> | CITY-ST-ZIP | | |
| TITLE NAME | IS | ☐ Delete | TITLE | • | ☐ Change ☐ Addition |
| STREET ADDRESS | MCELYEA, HUGH F. 16715 MCELYEA LANE | | NAME | | |
| CITY-ST-ZIP | HOWEY IN THE HILLS FL 34737 | 7 | STREET ADDRESS CITY-ST-ZIP | | ; |
| TITLE | TD | Delete | | | <u> </u> |
| NAME | HARRIS, HARRY W JR | □ Detete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 37 HARBOUR POINT DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | |
| NAME | | | NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | , | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 1 | |

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 10 or Block 11 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

PEOLIRHUGH M. MCELYEA 2/18/03

Daytime Phone #