

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90116 009 ***150.00

DOCUMENT # 250987

1. Entity Name

SUWANNEE INVESTMENT CORPORATION



Principal Place of Business

150 W. MADISON ST.
LAKE CITY FL 32055
US

Mailing Address

P. O. BOX 2756
LAKE CITY FL 32056
US

2. Principal Place of Business

116 NW Columbia St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Zip

32056

Country

USA

Country

4. FEI Number

59-0976023

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J.

10 NORTH COLUMBIA

LAKE CITY FL 32055

116 NW Columbia St

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
HALEY, WILLIAM J
10 NORTH COLUMBIA
LAKE CITY, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

VPTD
HALEY, JULIA S
RT 12 BOX 49D
LAKE CITY, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VPSD
HALEY, THOMAS J
3060 N COLUMBIA ST
MILLEDGEVILLE GA 31061

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Asst Secy
Jo Ann Haley
PO Box 1385
LAKE CITY FL 32056

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Asst T
Betsy Haley
3060 N Columbia St
Milledgeville Ga 31061

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 REQUIRED William J. Haley

1-2-3

386 755 1093

Date

Daytime Phone #

CR2E034 (10/02)