

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300362

1. Entity Name
VOYLES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90249 029 ***150.00

Principal Place of Business

Mailing Address

55 NW 23 AVENUE
PO BOX 2010
GAINESVILLE FL 32602

55 NW 23 AVENUE
PO BOX 2010
GAINESVILLE FL 32602

2. Principal Place of Business

55 NW 23rd Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 142093
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL
Zip
32608
Country
USA

City & State
Gainesville, FL
Zip
32602
Country
USA

4. FEI Number 59-1111900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALVEY, CARLOUS
55 NW 23 AVE.
GAINESVILLE FL 32609

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
STALVEY, CARLOUS
P.O. BOX 1208 N/A
STARKE FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VTD
STALVEY, JOYCE L.
P.O. BOX 1208 N/A
STARKE FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)