

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90007 020 \*\*\*150.00

001383 AV

**DOCUMENT # 690438**

1. Entity Name

**SESSION SERVICES, INC.**

Principal Place of Business  
**724 ORANGE AVE., SUITE B**  
**DAYTONA BEACH FL 32114-4773**

Mailing Address  
**724 ORANGE AVE., SUITE B**  
**DAYTONA BEACH FL 32114-4773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 10294**

City & State

City & State

**DAYTONA BEACH, FL**

Zip

Country

Zip

Country

**32120-0294**

4. FEI Number **59-2111793**

Applied For  
Not Applicable

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

**SESSION, JOHNNY V**  
**1108 LAKEWOOD PARK DRIVE**  
**DAYTONA BEACH FL 32117**

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 *Johnny V Session*

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

(NOTE: Registered Agent signature required when reinstating)

**1/12/2002**

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 **DS** ☐ Delete  
NAME **SESSION, WILLIE MAE MRS.**  
STREET ADDRESS **1108 LAKEWOOD PK DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117-3941**

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

TITLE **DP** ☐ Delete  
NAME **SESSION, JOHNNY VAN MR.**  
STREET ADDRESS **1108 LAKEWOOD PK DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117-3941**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SESS724 321143326 1601 07 01/07/02**  
**NOTIFY SENDER OF NEW ADDRESS**  
**SESSION SERVICES INC**  
**PO BOX 10294**  
**DAYTONA BEACH FL 32120-0294**

TITLE ☐ Change ☐ 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

*Johnny V Session*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/2002**  
Date

**386-405-5963**  
Daytime Phone #

CR2E034 (9/01)