

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822719

1. Entity Name

MISSIONS TO MILITARY, INC.

Principal Place of Business

2221 CENTERVILLE TURNPIKE
VIRGINIA BEACH VA 23464

Mailing Address

P. O. BOX 6
NORFOLK VA 23501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-0734786

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

ROBERTSON, RONALD J.
2456 PANUCCO ST W
ATLANTIC BEACH FL 32233

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 reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
BURTCH, PAT
5269 LOWERY DOWNS
VIRGINIA BCH VA 23465

☐ Change ☐ Addition

S
FINGLETON, ROBERT
5309 CERINO COURT
VIRGINIA BEACH VA 23464

☐ Change ☐ Addition

PD
DAVEY, KEITH
4713 REGAL COURT
CHESAPEAKE VA

☐ Change ☐ Addition

V
OLSON, ROSS
5205 BALBOA DR
VIRGINIA BEACH VA 23464

☐ Change ☐ Addition

VD
OLSON, ROSS
5205 BALBOA DR.
VIRGINIA BEACH VA

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 617, 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:

Ross S. Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ross S. Olson, Vice President

4/25/01

(757)

479-2288

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)