

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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 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

T ☐ Delete
NAME BURTCH, PAT
STREET ADDRESS 5269 LOWERY DOWNS
CITY-ST-ZIP VIRGINIA BCH VA 23465

S ☐ Delete
NAME FINGLETON, ROBERT
STREET ADDRESS 5309 CERINO COURT
CITY-ST-ZIP VIRGINIA BEACH VA 23464

PD ☐ Delete
NAME DAVEY, KEITH
STREET ADDRESS 4713 REGAL COURT
CITY-ST-ZIP CHESAPEAKE VA

V ☐ Delete
NAME OLSON, ROSS
STREET ADDRESS 5205 BALBOA DR
CITY-ST-ZIP VIRGINIA BEACH VA 23464

VD ☐ Delete
NAME OLSON, ROSS
STREET ADDRESS 5205 BALBOA DR.
CITY-ST-ZIP VIRGINIA BEACH VA

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

☐ Change ☐ Addition
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CITY-ST-ZIP

☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90047 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)