

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001929

Entity Name
ACKSHEAR CORPORATION

03

FILED

03 MAY 29 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
OWENS ROAD
E FL 32097

Mailing Address
3823 OWENS ROAD
YULEE FL 32097

3823 Owens Rd.
DAVIS, FL 32097



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 13-4040452		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAVIS, WILLIAM H WHITE OAK PLANTATION 3823 OWENS ROAD YULEE FL 32097				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL		Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$250.00 Make Check Payable to Department of State</p>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD BERGREEN, BERNARD D 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	P DAVIS, WILLIAM H 1000 OSBORNE STREET ST. MARYS GA 31558	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	V MOODY, NATALIE P 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	S CROPPER, STEPHEN W 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	V WOOD, BEN	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1000 OSBORNE STREET		NAME		
CITY-ST-ZIP	ST. MARYS GA 31558		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	V GARRETT, VICTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1000 OSBORNE STREET		NAME		
CITY-ST-ZIP	ST. MARYS GA 31558		STREET ADDRESS		
			CITY-ST-ZIP		

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CPPERA (1/10/00)

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: Domnick P. [Signature] Date: 4-30-03 Daytime Phone #: 904-548-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/130