

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000313

1. Entity Name

CHOICE BOOKS OF GULF STATES, INC.


FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90110 050 ****61.25

Principal Place of Business	Mailing Address
6115 OLD PASCAGOULA RD THEODORE AL 36582	6115 OLD PASCAGOULA RD THEODORE AL 36582

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	63-1182505	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAYWARD, ROBERT
14056 BUMPY HILL RD.
BLOUNTSTOWN FL 32424

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEILER, NAAMAN L	
STREET ADDRESS	1800 RIVERSIDE DRIVE	
CITY-ST-ZIP	MOBILE AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHROCK, ARLIN O	
STREET ADDRESS	5500 QUAIL RUN WEST	
CITY-ST-ZIP	THEODORE AL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HURSH, CURVIN	
STREET ADDRESS	5085 JACK SPRINGS ROAD	
CITY-ST-ZIP	ATMORE AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, DOT	
STREET ADDRESS	20590 MENNONITE ROAD	
CITY-ST-ZIP	GULFPORT MS	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROCK, DUANE	
STREET ADDRESS	146 BRENTWOOD DRIVE	
CITY-ST-ZIP	DAPHNE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YODER, LEO	
STREET ADDRESS	2883 SARATOGA DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: NAAMAN L. BEILER PRESIDENT 1-17-02 251-652-0560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)