☐ Addition

Change

2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F99000006450 Feb 02, 2001 8:00 am Secretary of State SEARCH GEORGIA, INC. 02-02-2001 90266 040 ***150.00 Principal Place of Business Mailing Address 356 SWEET BAY AVENUE 356 SWEET BAY AVENUE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 912561 2. Principal Place of Business 3. Mailing Address GOT ST ANDREWS BUVC ध Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2463967 SMYRNA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDELLS, SUELLEN H Street Address (P.O. Box Number is Not Acceptable 356 BAY AVENUE NEW SMYRNA BEACH FL 32168 <u> 32168</u> 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CDP Change TITLE ☐ Addition TIT1 F ☐ Delete BEDELLS, SUELLEN H NAME NAME GOT ST ANDREWS BLVD 356 SWEET BAY AVENUE STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP CITY-ST-ZIP **VCDS** TITLE ☐ Delete TITLE ☐ Addition BEDELLS, PHILIP D NAME NAME OF ST ANDROWS BLUD 356 SWEET BAY AVENUE STREET ADDRESS STREET ADDRESS 32168 **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE BEDELLS, PHILIP D 356 SWEET BAY AVENUE STREET ADDRESS STREET ADDRESS 32168 **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: By: Success V. Sealls Success H. Bedells Pres. 904-428-7336