2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Fob 14, 2002 8:00 am			
DOCUMENT # G68850 1. Entity Name							Feb 14, 200 Secretary	of Sta	o am ate	
BEVER R		NC.					02-14-2002 90034			
Principal Place of Business Mailing Address					·					
P.O. BOX 31 WAYNESBOR	O MS 39367		P.O. BOX 31 WAYNESBORO MS 39367				LARANJA adia ambi nobelanal bing ben kend	4 BADA BIDA DIPICI	IKO (1 0 (0 (1 1 0 0)	
2. Principal F	3. Mailing Address	Address		\dashv						
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	59-2342114	⊢	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Country		5 0	5 Certificate of Status Desired Service Ser			
	6. Name	and Address of Current	Registered Agent		Name	7. N	lame and Address of New Registered	i Agent		
BURTON, JOHN W					Street Address (P.O. Box Number is Not Acceptable)					
501 W. MAIN ST. WAUCHULA FL 33873-1729										
11AUGHULA FL 330/3"1/28					City FL Zip Code					
A The above	named entit	v submite this statement fo	r the nurnose of changing its	registers	ed office or rea	istored an	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signature re-	quired when re	binstating) DATE			
 This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St.				10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	S IN 11	
TITLE . NAME STREET ADDRESS	PST FARRAR, HWY. 84	W.	☐ Delete		ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	WAYMES	BORO MS	☐ Delete	CITY- TITLE	·ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			_		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
12 I boroby	partiful that th	a information augmaliad with	this filing does not qualify for	tha avor	nation stated i	n Section 1	119 07(3)(i) Florida Statutes I further o	artify that the in	oformation	

nereby 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 of trusted 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:

Daytime Phone #