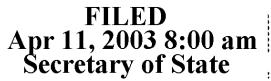
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** G82840



1. Entity Nam SEVERAN	CKING, INC.					04-11-2003 90147 048 ***150.00					
Principal Place of Business RT 12 BOX 42 A LAKE CITY FL 32025 US 2. Principal Place of Business			Mailing Address RT 12 BOX 42 A PRICE CK RD STR 245 LAKE CITY FL 32025 US 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2373156	Applied For Not Applicable			
Zip			Zip Coun		, 5		5. Certificate of Status Desired		\$8.75 Add Fee Required		ĺ
Name and Address of Current Registered Agent							7. Name and Address of New I	Registered	Agent		ĺ
SEVERANCE, CHARLES RT 12 BOX 42A PRICE CREEK RD					Street Address (P.O. Box Number is Not Acceptable)						
	Y FL 32025		•	City	ity FL Zip Code						
the obligat	tions of regist	ered agent.	the purpose of changing its	register	ed office or	registere	ed agent, or both, in the State of Fl				
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registere	d Agent signate	ire required v	when reinstating)	DATE	8-03	<u> </u>	
Afte	r May 1, 200	! FEE IS \$150.00  3 Fee`will be \$550.00   Florida Department of	State				Election Campaign Fi     Trust Fund Contribution			<b>0</b> May Be to Fees	
10.		· OFFICERS AND I	DIRECTORS	11.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	_
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		CE, MALVARIE 42A PRICE CK RD FL	Delete						☐ Change	Addition	(0)01/10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CE, CHARLES ( 42A PRICE CK RD FL	☐ Delete						Change	☐ Addition	٥
TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 DELL	CHARLENE AIRE LOOP LLE GA 30215	□ Delete			DAO 160 FAY	WN CHARLENE BELLAIRE LOO ETTEVILLE	р БА 30	Change 215	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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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