

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14459

1. Entity Name
CONGDON FAMILY, INC.

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

02-11-2002 90038 044 ***150.00

04/31/34 AV

Principal Place of Business
54 LAKE DR E
P O BOX 304
HAINES CITY FL 33844
US

Mailing Address
PO BOX 304
P O BOX 304, 54 E LAKE DR
HAINES CITY FL 33844
US

B0021903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2475989		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
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			
CONGDON, ELTON 54 E LAKE DRIVE PO BOX 304 HAINES CITY FL 33844				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	CONGDON, MARGUERITE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		119 S. 17TH ST.		STREET ADDRESS			
CITY-ST-ZIP		HAINES CITY FL		CITY-ST-ZIP			
TITLE	P	CONGDON, ELTON	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		54 LAKE DRIVE, E		STREET ADDRESS			
CITY-ST-ZIP		HAINES CITY FL		CITY-ST-ZIP			
TITLE	D	CONGDON, CHARLES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		3492 JOHNSON AVE.		STREET ADDRESS			
CITY-ST-ZIP		HAINES CITY FL		CITY-ST-ZIP			
TITLE	ST	BARBER, LILLIAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		400 PENINSULAR COURT		STREET ADDRESS			
CITY-ST-ZIP		HAINES CITY FL		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Elton Congdon* ELTON CONGDON 1-23-02 863-439-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/01)