2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H45893 **DOCUMENT #**

1. Entity Name
THE SEDONA CORPORATION



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90070 041 ***150.00

!						
Principal Place of Business 1580 EVERSEDGE DR ALPHARETTA GA 30004		Mailing Address 1580 EVERSEDGE DR ALPHARETTA GA 30004				
2. Principal Place of Business		3. Mailing Address			ELI BUBIL BIBIL BIBIL BIBIL (BBL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 59-2507063	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	Fee Required	
SHARPE, GENE E.			Name			
153 JAY			Street Address	s (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
ALTAMONTE SPRINGS FL			-			
			City	FL	Zip Code	
8. The above	e named entity submits this statement fo	r the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
the obliga	itions of registered agent.				,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	registered Agent signature require	ired when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00					
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME	SHARPE, GENE E.	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	1580 EVERSEDGE DRIVE		STREET ADDRESS	•	·	
CITY-ST-ZIP	ALPHARETTA GA 30004		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		المهمين والأراب المستدور والمهمين	CITY-ST-ZIP	الطرميوني الرواضونة الأراز الماريان المام سيو	* * *********	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME .		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	*	·	, CITY-ST-ZIP			
TITLE NAME		Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	1	Change Addition	
NAME Street address			NAME	4		
STREET ADDRESS			STREET ADDRESS			

12. 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 eport 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 encowered.

SIGNATURE:

Daytime Phone #