CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am **DOCUMENT #** J26859 **Secretary of State** 1. Entity Name ROLAND L. DILLEY & SON, INC. 03-29-2002 91407 035 ***150.00 Principal Place of Business Mailing Address 1354 W. PLEASANT PO BOX 1666 AVON PARK FL 33825 AVON PARK FL 33826 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2767279 Not Applicable Country Zip Zip Country \$8.75 Additional Certificate of Status Desired.... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DILLEY, JAMES Street Address (P.O. Box Number is Not Acceptable) 5325 LONG SHOT LANE **AVON PARK FL 33825** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition HAMMRICK, DAVID O. NAME NAME 7303 18TH AVE. NW STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME DILLEY, ROLAND L. NAME STREET ADDRESS STREET ADDRESS 510 CRESTVIEW DR. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ 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.

Dilley) 3/19/02 8/3 453
Date Date Days for Prone