FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

Jan 29, 2002 8:00 am DOCUMENT # **J54884 Secretary of State** 1. Entity Name 01-29-2002 90056 021 ***150.00 D & J APIARYSINGS: MORESAND COLUMN Principal Place of Business Mailing Address % JOHN P. WESTERVELT % JOHN P. WESTERVELT 13828 YALE HAMMOCK RD 13828 YALE HAMMOCK RD **UMATILLA FL 32784 UMATILLA FL 32784** 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 59-2764151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTERVELT, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 13828 YALE HAMMOCK RD **UMATILLA FL 32784** City Zip Code 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 (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 Added to Fees Trust Fund Contribution. ু (See criteria on back): ... Make Check Payable to Department of State 11 Beileite müslübildi. OFFICERS AND DIRECTORS! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (9/01 TITLE ☐ Delete DITLE ☐ Change NAME WESTERVELT, JOHN P. NAME STREET ADDRESS STREET ADDRESS 13828 YALE HAMMOCK RD CITY-ST-ZIP CITY-ST-ZIP .UMATILLA.FL TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVID A. WESTERVELT NAME STREET ADDRESS STREET ADDRESS 40624 E. 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition SD NAME NAME MARIO JAKOB STREET ADDRESS STREET ADDRESS 40624 E. 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP <u>umetilla fl</u> Delete TITLE ☐ Change ☐ Addition NAME 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 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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