2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) J64867 DOCUMENT # 1. Entity Name



03-24-2003 90127 035 ***150 00

NARVOL	INE, INC.						03 21 2003 7012	21 033	150	.00	
Principal Place of Business 2809 BLANDING BLVD. MIDDLEBURG FL 32068		Mailing Address 2809 BLANDING BLVD. MIDDLEBURG FL 32068									
2. Principal I	Place of Business	3. Ma	illing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI	Number 59-2859218	50-7250712 H-1			7
Zip	Country	Zip		Country		5. Ce	rtificate of Status Desired		.75 Add		+
	6. Name and Address of Curren	t Register	ed Agent		1	7. Na	ne and Address of New Registe				\dashv
				Name							1
NELSON, E. M 366 DUNSTER CT.				Street A	ddress (P	dress (P.O. Box Number is Not Acceptable)					-
	PARK FL 32073						<u> </u>				┨
OTHINGE	TARK 1 L 020/3			City			15000 1.10	FL	Zip Code	<u> </u>	$\frac{1}{2}$
the obliga	e named entity submits this statement fitions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00			egistered office or				am fami	liar with, a	and accept	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State					 Election Campaign Financing Trust Fund Contribution. 	· 🗆		May Be to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.		ADDI	TIONS/CHANGES TO OFFICERS	AND DIF	ECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEASEY, JOHN W. 2398 SANDY RUN DR. MIDDLEBURG FL 32068		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	100,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, MARK E. 366 DUNSTER CT. ORANGE PARK FL 32073		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	1966
TITLE NAME STREET ADDRESS CITY::ST-ZIP	T WEIGEL, WILLIAM R. 2809 BLANDING BLVD. MIDDLEBURG FL 32068		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	7
TITLE NAME STREET ADDRESS			☐ Delete	TITLE :					Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an address, with all other like empowered. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CUTY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition