

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90057 021 ***150.00

DOCUMENT # J67627

1. Entity Name

1991, INC.

Principal Place of Business

P.O. Box 1949
 Ashland, KY 41105

Mailing Address

441 IOWA STREET
 ASHLAND KY 41102
 US

00063030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 Iowa St.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1949
 Suite, Apt. #, etc.

City & State

Ashland, KY

City & State

Ashland, KY

4. FEI Number

59-2800982

Applied For

Not Applicable

Zip

41102

Country

Zip

41105-1949

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITHS, JANET R.
 P.O. Box 1949
 Ashland, KY 41105

Name: Janet R. Griffiths
 Street Address (P.O. Box Number is Not Acceptable): 7444 Botanical Parkway
 City: Sarasota, FL. Zip Code: 34238

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

Janet R. Griffiths

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFITHS, JANET R.	
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITHS, MORRIS	
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105-1949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Janet R. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/01

Daytime Phone #

CR2E034 (10/00)