850-224-2141

Daytime Phone #

2/22/00

## 2000.UNFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **K49875** FILED **VOLITION ENTERPRISES, INC.** 00 FEB 23 AM 11: 27 SECRETARY OF STATE TAGLAHASSEE. FLORIDA Principal Place of Business Mailing Address C/O JEFFREY W. PEPPER C/O JEFFREY W. PEPPER 310 WEST JEFFERSON STREET 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1419 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2919077 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEPPER, JEFFREY W. Street Address (P.O. Box Number is Not Acceptable) 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301 Zip Code City 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PEPPER, JEFFREY W. NAME **8000031**58358---03/06/00--<u>01099--014</u> STREET ADDRESS 310 WEST JEFFERSON STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL **VPS** TITLE □ Delete TITLE NAME PEPPER, LEONARD NAME STREET ADDRESS 310 WEST JEFFERSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TALLAHASSEE FL Addition ☐ Delete Change TITLE TITLE TAYLOR, JUDITH NAME NAME STREET ADDRESS 3305 WOODY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation of the receiver of the state of the changed, or on an attachment with an address, with all other like empowered before W. Pepper