2001 UNIFOR	RM BUSINESS	REPORT	(UBR
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Jeffren W. Papper

DOCUMENT # K49875 1. Entity Name NOT FROM ENTERPRISES INC.				:	FILED						
VOLITIC	ON ENTERPRISES, INC.	<u>.</u>				OI MAR	26 PH 4	29			
Principal Pla	ce of Business	Mailing Address			┥.	SECRET	ARY OF S	TATE.			
C/O JEFFREY W. PEPPER 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301		C/O JEFFREY W. PEPPER 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301			ļ	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal I	Place of Business	3. Mailing Address		···	_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Sta	te	City & State			4. F	El Number	59-2919077		_ 	oplied For ot Applicable	Ę
Zip	Country	Zip	Countr	у	5. (Certificate of St	atus Desired		3.75 Add e Require	ditional	1
	6. Name and Address of Current R	egistered Agent		Name	7. N	lame and Add	ress of New Re	gistered Ag	ent		7
DED	PER, JEFFREY W.						ement Cor		n		
310	WEST JEFFERSON STREET			Street Addres	ss (P.O. E	lox Number is	Not Acceptable)				
TAL	LAHASSEE FL 32301			310	West	Jeffers	on Stree	t			
	\bigcirc			City Tal	lahas	see,		FL	32301	е	1
8. The above	Parodenta submits this statement for	he purpose of changing its	registered	office or regis	stered ag	ent, or both, in	the State of Flori	ida.			7
CIONIATURE	Henred I'm	www, Preside							3/21/	′01	
SIGNATURE By:	Signature, typed or printed name of registered agent and Leonard Pepper	title if applicable. (NOTE	: Registered	Agent signature req	uired when re	instating)		DATE	-		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payab	01 Fee w	ill be \$550.0			Campaign Fina and Contribution.			0 May Be I to Fees	
11.	OFFICERS AND DI	<u> </u>	12.	partinent of s		DITIONS/CHA	NGES TO OFFIC	ERS AND D	RECTOR	S IN 11	$\frac{1}{2}$
TITLE	PD	Delete	TITLE] Change	Addition	18
NAME STREET ADDRESS	PEPPER, JEFFREY W. 310 WEST JEFFERSON STREET		name Street	ADDRESS							1
CITY-ST-ZIP	TALLAHASSEE FL		CITY-S	T-ZIP					<u>-</u> -		100
TITLE NAME	VPS PEPPER, LEONARD	☐ Delete	TITLE] Change	☐ Addition	5
STREET ADDRESS	310 WEST JEFFERSON STREET			ADDRESS			LS				
CITY-ST-ZIP TITLE	TALLAHASSEE FL AS	☐ Detete	CITY-S	1- ZIP		.	<u>Pe</u>] Change	Addition	$\frac{1}{2}$
NAME	TAYLOR, JUDITH	Delete	NAME			50	0003:	332Š	345	1	
STREET ADDRESS CITY-ST-ZIP	3305 WOODY WAY		STREET CITY-S	ADDRESS T-ZIP			-03/30 ****15	/01~~01	099	-027 50.00	
TITLE	TALLAHASSEE FL	☐ Delete	TITLE				<u> </u>		Change	Addition	1
NAME STREET ADDRESS			NAME STREET	ADDRESS							
CITY-ST-ZIP		-4"	CITY-S	T- ZIP							
TITLE Name		☐ Delete	TITLE NAME	}] Change	Addition	
STREET ADDRESS			STREET	ADDRESS							
CITY-ST-ZIP		□ p.u	CITY-S	T-ZIP					1 0	(-
TITLE NAME		☐ Delete	, TITLE NAME					L] Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	ADDRESS							
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that mi ered to execute this report a	the exemi	otion stated in e shall have th	ne same le	edal effect as i	i made under oa	th: that I am	an officer	or director	1
SIGNAT	URE:	1.P2				03	/21/01	(850)	224	-2141	
J. 3.1771		ITED NAME OF SIGNANG OFFICER O	R DIRECTOR	1			Date	Daytin	ne Phone #		