## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State K49875 DOCUMENT # 1. Entity Name 05-02-2002 90057 035 \*\*\*150 00 VOLITION ENTERPRISES, INC. 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2919077 Not Applicable Zip Country 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 JEFFERSON MANAGEMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 310 WEST JEFFERSON STREET TALLAHASSEE FL 32301 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change PEPPER, JEFFREY W. NAME NAME STREET ADDRESS 310 WEST JEFFERSON STREET STREET ADDRESS TALLAHASSEE FL CITY-ST-7IP CITY-ST-ZIP **VPS** TITLE ☐ Delete TITLE ☐ Change Addition NAME Pepper, Leonard NAME STREET ADDRESS STREET ADDRESS 310 WEST JEFFERSON STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition AS NAME NAME TAYLOR, JUDITH STREET ADDRESS STREET ADDRESS 3305 WOODY WAY CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 gither like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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加图目President GNING OFFICER OR DIRECTOR

04/16/02

(850)

224-2141

Daytime Phone #

FILED