## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State **DOCUMENT #** K85893 1. Entity Name 3 - N CORP. 05-01-2002 91491 008 \*\*\*150.00 Principal Place of Business Mailing Address 401 TERRA CEIA ROAD P. O. BOX 236 TERRA CEIA FL 34250 TERRA CEIA FL 34250 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 65-0171152 Not Applicable Zip Country Zip 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 MANSON, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 406 13TH ST: WEST **BRADENTON FL 34250** Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NANNEY, JAMES C. NAME NAME P O BOX 236 N/A STREET ADDRESS STREET ADDRESS CITY-ST-7IP TERRA CEIA, FL 34259 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NANNEY, MARGI NAME NAME P O BOX 236 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TERRA CEIA, FL 34259 CITY-ST-ZIP Delete ~ TITLE Change -F Addition NAME NANNEY, JENNIFER NAME STREET ADDRESS P O BOX 236 N/A STREET ADDRESS CITY-ST-ZIP TERRA CEIA, FL 34259 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ Addition NANNEY, MARY S. NAME NAME P O BOX 236 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TERRA CEIA, FL 34259 CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CAOR PRINTED NAME OF

Delete

☐ Change

☐ Addition