FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNAT

Sep 08, 2003 8:00 am Secretary of State K90164 DOCUMENT # 09-08-2003 90128 038 ***550.00 1. Entity Name ROY EDWARD DEMAUNEY, INC. Mailing Address Principal Place of Business PO BOX 11444 1510 FIRST AVENUE WEST **BRADENTON FL 34205-6854 BRADENTON FL 34282** PO_{Q33} 2. Principal Place of Business 3. Mailing Address Pag 804 25th Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & Sigts almetto, F1 City & State PcQmeHo Applied For 4. FEI Number 65-0137912 🗸 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34221 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMAUNEY, ROY EDWARD Street Address (P.O. Box Number is Not Acceptable) 1510 FIRST AVENUE WEST **BRADENTON FL 34250** 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fée will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. nes; dent CR2E034 (4/03) TITI F TITLE Change ☐ Addition Delete DEMAUNEY, ROY EDWARD NAME NAME 1510 1ST AVE. WEST STREET ADDRESS STREET ADDRESS E(. 341221 CITY-ST-ZÍP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITI F ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if