2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT

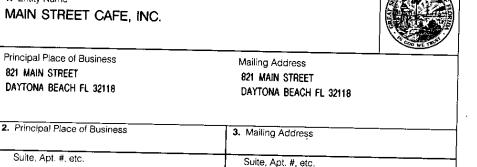
L33919

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90188 015 ***150.00





☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 59-2991192 Zip Country Zip Country 5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Zip Code

Applied For

6. Name and Address of Current Registered Agent CORNELL, ALVA **821 MAIN STREET**

Street Address (P.O. Box Number is Not Acceptable) City

-7. Name and Address of New Registered Agent

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

Name

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

DAYTONA BEACH FL 32118

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

☐ Change

☐ Addition

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CORNELL, ALVA NAME STREET ADDRESS 821 MAIN STREET STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE VSD Delete TITLE □ Change ☐ Addition NAME CORNELL, VIRGINIA NAME STREET ADDRESS **821 MAIN STREET** STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FI CITY-ST-ZIP TITLE Delete 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete