

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90116 020 ***158.75

DOCUMENT # M74598

1. Entity Name
REVOLUTIONS, INC.



Principal Place of Business

~~203 UNIVERSITY BLVD~~
~~SUITE 223~~
~~WINTER PARK FL 32792~~
~~408~~

Mailing Address

% EDEY MURPHY-HADDOCK
641 PINETREE RD.
WINTER PARK FL 32789

2. Principal Place of Business

1810 Semoran Blvd.

Suite, Apt. #, etc.

Suite 124

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Address

3300 University Blvd.

Suite, Apt. #, etc.

Suite 218

City & State

Winter Park, FL

Zip

32792

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 56-1604368

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HADDOCK PROFESSIONAL ASSOCIATION

~~3260 UNIVERSITY BLVD., #210~~

~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent

Name Edward E. Haddock Jr.

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

3300 University Blvd.

Suite 218

City Winter Park

FL

Zip Code

32792

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME MURPHY-HADDOCK, EDITH K
STREET ADDRESS 641 PINETREE RD.
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Ed E. Haddock Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

407-679-6171

Daytime Phone #

CR2E034 (10/02)