FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87893

1. Entity Name

V.L. McIntyre & Associates, Inc.

DO NOT WRITE IN THIS SPACE

FILED
03 DEC 10 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700025528787
12/16/03--01044--027 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
720 Fairbanks Ferry Rd.	P.O. Box 394
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Havana, Florida
City & State: Tallahassee, Florida	City & State
Zip: 32312 Country: Leon	Zip: 32333 Country: Gadsden

4. FEI Number: 59-3014393 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Vera L McIntyre

Street Address (P.O. Box Alone is Not Acceptable): 720 Fairbanks Ferry Road

City: Tallahassee FL Zip: 32312

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, my position as registered agent.

SIGNATURE: _____ Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President NAME: Vera L. McIntyre STREET ADDRESS: 720 Fairbanks Ferry Rd CITY-ST-ZIP: Tallahassee, FL 32312	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Sharica D. Hayes STREET ADDRESS: 720 Fairbanks Ferry Rd. CITY-ST-ZIP: Tallahassee, FL. 32312	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Khalilah Y. Hayes STREET ADDRESS: 720 Fairbanks Ferry Rd. CITY-ST-ZIP: Tallahassee, FL. 32312	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Andrea P. Hayes STREET ADDRESS: 720 Fairbanks Ferry Rd. CITY-ST-ZIP: Tallahassee, FL. 32312	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Director NAME: Bernice Hayes STREET ADDRESS: 5536 Fairbanks Rd CITY-ST-ZIP: (5536) Havana, Fla. 32333	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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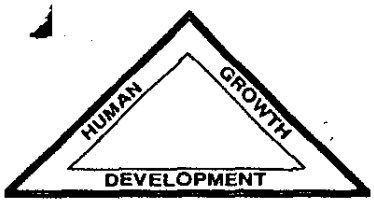
REINSTATEMENT

CR2E036 (12/02)

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 on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Vera L. McIntyre 12/11/03 (850)893-8677

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #



V.L. MCINTYRE & ASSOCIATES, INC.

November 13, 2003

Mr. Tyrone Scott
Florida Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

Dear Mr. Scott:

This letter is in response to V.L. McIntyre & Associates, Inc.'s annual report/uniform business report. I am requesting fee abatement in regard to not receiving the report for the year 2003. Enclosed is $150.00 for the fee file this report.

If you should have questions concerning this matter, please call me at (850) 893-8677. Your cooperation and support are appreciated.

Sincerely,

Vera L. McIntyre

Vera Lynette McIntyre
President
V.L. McIntyre & Associates, Inc.

Attachments

Post Office Box 394 • Havana, Florida 32333 • (850) 893-8677 • (850) 894-1530 Fax

"Enough Savvy to Invest in People"