

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000238

1. Entity Name

BUSINESS AND EMERGING TECHNOLOGY ACCELERATOR-1, INC.

Principal Place of Business

Mailing Address

3 MANUCY ROAD
AMELIA ISLAND FL 32034

1273 MANUCY ROAD
AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

317 CENTRE STREET

317 CENTRE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AMELIA ISLAND FL

AMELIA ISLAND FL

Zip

Country

Zip

Country

32034

USA

32034

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAUNCEY, RAYMOND M
1273 MANUCY ROAD
AMELIA ISLAND FL 32034

Name: RAYMOND M. CHAUNCEY
Street Address (P.O. Box Number is Not Acceptable): 9517 SPRING BLOSSOM COURT
City: AMELIA ISLAND FL Zip Code: 32034

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: RAYMOND M. CHAUNCEY ☐ Delete
STREET ADDRESS: 9517 SPRING BLOSSOM COURT
CITY-ST-ZIP: AMELIA ISLAND, FL 32034

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: D
NAME: RODNEY BENNETT ☐ Delete
STREET ADDRESS: ROUTE 2, BOX 3536
CITY-ST-ZIP: FOLKSTON, GA 31357

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: D
NAME: LOWELL SALTER ☐ Delete
STREET ADDRESS: 12736 SHINNECOCK WAY
CITY-ST-ZIP: JACKSONVILLE, FL 32034

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: D
NAME: JOHN PASIEKA ☐ Delete
STREET ADDRESS: 2782 PARK SQUARE PL EAST
CITY-ST-ZIP: AMELIA ISLAND, FL 32034

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: D
NAME: DON HUGHES ☐ Delete
STREET ADDRESS: 760 WILLIAM BURGESS BLVD.
CITY-ST-ZIP: YULEE, FL 32097

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND M. CHAUNCEY

4-25-02 (404) 261-4334

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90028 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)