## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **DOCUMENT # N25236** May 17, 2000 8:00 am Secretary of State 1. Entity Name COVINGTON & ASSOCIATES, INC. 05-17-2000 90952 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 543 ORANGE AVE 543 ORANGE AVE SUITE A SUITE A DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-4265 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2880288 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32114 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to -= -FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SECRETARY ☐ Change Addition TITLE ☐ Delete TITLE COVINGTON, SYLVESTER NAME Harding, Jean NAME 663 MADISON AVENUE STREET ADDRESS 721 WINCHESTER ST. STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP DAUTIONIA BEACH, FL 32114 Addition ☐ Change ☐ Delete TITLE TITLE SESSEMS, ROBERT W. COVINGTON, GARRETTE B. NAME NAME STREET ADDRESS 801 WHITE ST. 663 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP DAUTONO BCh, PL Addition - Change TITLE Delete TITLE O PRIMUS, BOBBIE J. NAME LONG, EDNIA 1739 Beliewe Aug; Apt.6 NAME STREET ADDRESS 528 FRED GAMBLE WAY STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ORMOND BCH FL DAYTONA BOW, PL 32114 ☐ Change ☐ Addition DT TITLE TITLE ☐ Delete BURTON, ETHELREDA T NAME NAME 339 MARTIN LUTHER KING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL D Change ☐ Addition Delete TITLE TITLE KennEdy, Keith KENNEDY, KEITH NAME P.O. BOX 10482 1200 VOLUSIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32120 CITY-ST-ZIP DAYTONA BEACH FL (Tange ☐ Delete ☐ Addition TITLE Washington, Jackie WASHINGTON, JACKIE NAME NAME 826 NORTH KOTTLE CIRCLE 1200 VOLUSIA AVE STREET ADDRESS STREET ADDRESS Daytona Beach, PL 32114 DAYTONA BEACH FL 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 supplied 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 receive 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.

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