2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90219 027 ****61.25

DOCUMENT # N25236

1. Entity Name

COVINGTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114 US	543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2880288 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, S. LARUE
150 SOUTH PALMETTO
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COVINGTON, SYLVESTER 663 MADISON AVENUE DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COVINGTON, GARRETTE B. 663 MADISON AVENUE DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIMUS, BOBBIE J. 528 FRED GAMBLE WAY ORMOND BCH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition ELAM, MCHAEL A. B.S., M.Ed. 1200 W. International Speedway Blvd. Daytona Beach, FL 32120-2811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BURTON, ETHELREDA T 339 MARTIN LUTHER KING DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, KEITH P.O. BOX 10482 DAYTONA BCH FL 32120	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SESSOMS, ROBERT M.D. 801 White Street Daytona BEach, Fl 32114
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHINGTON, JACKIE 826 N KOTTIE CIRCLE DAYTONA BEACH FL 32114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition HALE, JEAN A. C.P.A. 220 S. Ridgewood Avenue Daytona BEach, Fl 32114

CR2E037 (10/00)

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: Sylvester Covington DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001
Date

(386) 239-9755
Daytime Phone #