2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# N25236

Entity Name: COVINGTON & ASSOCIATES, INC.

Current Principal Place of Business:

543 ORANGE AVE
SUITE A
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

532 DR. M. M. BETHUNE BLVD.
SUITE A
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

543 ORANGE AVE
SUITE A
DAYTONA BEACH, FL 32114 US

New Mailing Address:

532 DR.M M. BETHUNE BLVD.
SUITE A
DAYTONA BEACH, FL 32114 US

FEI Number: 59-2880288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	COVINGTON, SYLVESTER,	
Address:	663 MADISON AVENUE	
City-St-Zip:	DAYTONA BEACH, FL	
Title:	D	( ) Delete
Name:	COVINGTON, GARRETTE, B.	
Address:	663 MADISON AVENUE	
City-St-Zip:	DAYTONA BEACH, FL	
Title:	DV	( ) Delete
Name:	ELAM, MICHALE A	
Address:	1200 W INTERNATIONAL SPEEDWAY BLVD	
City-St-Zip:	DAYTONA BEACH, FL 321202811	
Title:	D	( ) Delete
Name:	BURTON, ETHELREDA T,	
Address:	339 MARTIN LUTHER KING	
City-St-Zip:	DAYTONA BEACH, FL	
Title:	D	( ) Delete
Name:	SESSOMS, ROBERT	
Address:	801 WHITE STREET	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	DT	( ) Delete
Name:	HALE, JEAN A	
Address:	220 S RIDGEWOOD AVE	
City-St-Zip:	DAYTONA BEACH, FL 32114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	ELAM, MICHALE A	
Address:	1200 W INTERNATIONAL SPEEDWAY BLVD	
City-St-Zip:	DAYTONA BEACH, FL 321202811	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER COVINGTON DP 04/11/2003

Electronic Signature of Signing Officer or Director — Date