

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41331

FILED
Mar 19, 2003
Secretary of State

Entity Name: CENTER FOR HISTORICAL ARCHAEOLOGY, INC.

Current Principal Place of Business:

190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-3054027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE BRY, JOHN
190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 US

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: DE BRY, JOHN,
Address: 790 VERSAILLES DR- STE C
City-St-Zip: MELBOURNE BEACH, FL

Title: D () Delete
Name: DE BRY, NANCY,
Address: 3220 RIVER VILLA WAY
City-St-Zip: MELBOURNE BEACH, FL

Title: D () Delete
Name: SIEGEL, JERRY L
Address: 117 E 62 ST
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: GARDNER, ALLAN J.
Address: 2444 S. OCEAN BLVD
City-St-Zip: HIGHLAND BCH, FL 33487

Title: AMBS (X) Delete
Name: SUMNER, GERARD
Address: 2087 CAVALIA RD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRONE, STEPHANIE L
Address: 13371 GLACIER NATIONAL DRIVE - APT. 105
City-St-Zip: ORLANDO, FL 32837

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: JOHN DE BRY

OD

03/19/2003

Electronic Signature of Signing Officer or Director

Date