

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2002 8:00 am**
Secretary of State

01-17-2002 90066 022 ****61.25

DOCUMENT # N50085

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA ISLAND X-9 INC.
JACKSONVILLE, FL.

Principal Place of Business

Mailing Address

2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068**2304 S. DOLPHIN AVE.**
MIDDLEBURG FL 32068

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

36-3382042

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMMONS, RAYMOND L
439 JACKSON RD
JACKSONVILLE FL 32225-0742

Name

HAROLD R. AGLES

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

2304 S. DOLPHIN AVE

City

MIDDLEBURG**FL**

Zip Code

32068

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 \$61.259. 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** ☐ Delete
NAME **AGLES, HAROLD R.**
STREET ADDRESS **2304 S. DOLPHIN AVE.**
CITY-ST-ZIP **MIDDLEBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **D'ANGELO, EDWARD**
STREET ADDRESS **14083 FALCON CREST DR**
CITY-ST-ZIP **JACKSONVILLE FL 32224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **CLEMMONE, RAYMOND**
STREET ADDRESS **439 JACKSON RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

CR2E037 (9/01)