2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

Principal Place of Business 100 PESTINAL PRIA NE. 100 PESTINAL PRI	1. Entity N	VOLUNTEERS ON THE GO, INC		/		05-29-2002 93595 02			
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Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature 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 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Signature The above named entity submits this statement for the purpose of changing its registered agent, or bot	City & State		City & State	City & State		50FC(5/422			
B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name and Address of New Registered Agent Name	Zip	Country	Zip	Country	- 	us Desired	5 Additional		
STEPHENS, REGINALD 100 FESTINAL PARK AVE JACKSONVILLE R. 32202 City FL Zip Code		6. Name and Address of Current R	egistered Agent	' 		Fee H	equired		
City	المرازي المحافظة المنطوع المنطوع ويباد المحاوية			· · Name ·-					
City FL Zip Code	- STEPHENS, REGINALD			- Street Addre	- Street Address (P.O. Box Number is Not Acceptable)				
E. 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 Signature from the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature from the purpose of changing its registered agent signature required when remarking) DATE						<u> </u>			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature Sig	JACKSO	NVILLE FL 32202	-						
SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Comparign Financing Trust Fund Contribution. 35.00 May Be Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME NEVILLE, GRACE STRET ADDRESS OITY-ST-2P ATLANTIC BEACH FL 32233 STRET ADDRESS OITY-ST-2P MALE NAME STREPH ADDRESS OITY-ST-2P MALE NAME STRET ADDRESS OITY-ST-2P MALE NAME NAME NAME STRET ADDRESS OITY-ST-2P MALE NAME NAME NAME NAME NAME PRESONER, LINDA STRET ADDRESS OITY-ST-2P ACKSONVILLE FL 32201 Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM				1	FL				
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Slatutes. I further certify that the information of the 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

SIGNATURE:

HONATURE AND SPEED ON PROPERD NAME OF SIGNING OFFICER ON DIRECTOR TREASURES

2/26/02 904-296-9333