## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 10, 2002 8:00 am DOCUMENT # N9700003187 Secretary of State 1. Entity Name 01-25-2002 90016 014 \*\*\*\*61.25 ON A MISSION, INC. Principal Place of Business Mailing Address 1240 STRATTON CT. W. 1240 STRATTON CT. W. LAKELAND FL 33813 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 59-3450054 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHRITTON, CHARLES P 5300 S. FLA. AVE. LAKELAND FL 33813 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition (9/07 ☐ Change TITLE TITLE ☐ Delete $\mathcal{J}_{l}mmu$ Edwards **BRONSON, DOUGLAS** NAME NAME Creek Dane E037 4010 50905 STREET ADDRESS STREET ADDRESS 1240 STRATTON CT. W. 33811 CITY-ST-ZIP CITY-ST-Z# LAKELAND FL 33813 ☐ Change ☐ Addition ☐ Delete ПΠЕ TITLE STRAWBRIDGE, VINCE F SR NAME NAME STREET ADDRESS STREET ADDRESS 5203 SORRENTO CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Delete ☐ Addition ☐ Change TITLE TITI F BUCKMAN, WINFIELD NAME NAME 1315 FOREST PARK STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP LAKELAND FL 33802 ☐ Change ☐ Addition TITLE Delete TITLE TAYLOR, SHERI L NAME NAME STREET ADDRESS 446 MARKET SQUARE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition Delete TITLE TITLE HAMES, SUSAN NAME NAME STREET ADDRESS 914 SUCCESS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Delete ☐ Change ☐ Addition TITLE LEE; WILLIAM NAME NAME

1/25

12. I hereby certify that the information supplied with this filling 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 port 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 received or Justice 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 proposered.

STREET ADDRESS

CITY-ST-ZIP

3424 CRESTWOOD ST

LAKELAND FL

STREET ADDRESS

CITY-ST-ZIP

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