2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90031 002 ****70.00

DOCUMENT # N97000006942

1. Entity Name

NATIONAL UNITED TRAVELERS, INC.

Principal Place of Business
~~4295 N. US HWY 1~~ 4007 N. Harbor City Blvd, #103
MELBOURNE FL 32935

Mailing Address
218-A EAST EAU GALLIE BLVD.
#74
SATELLITE BEACH FL 32937

94052637

MOORE CR2E037 (11/03)

2. Principal Place of Business ~~Name~~
4007 N. Harbor City Blvd
Suite, Apt. #, etc.
#103
City & State
Melbourne, FL.
Zip 32935 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3391097 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WORKMAN, DAVID
4295 N ~~HARBOR CITY BLVD~~ 4007 N. Harbor City Blvd #103
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WORKMAN, DAVID ~~4295 N HARBOR CITY BLVD~~ MELBOURNE FL 32935	☐ Delete	PD WORKMAN, David 4007 N. Harbor City Blvd #103 Melbourne, FL. 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~EBAUGH, CHRIS~~ ~~493 MEADOWOOD BLVD~~ ~~FERN PARK FL 32730~~	☑ Delete	VD FRANK PETERSON 4232 DORNOCH DRIVE LAKE WALES, FL. 33859	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLOUGHBY, WILMA 11051 NW 128TH PLACE CHIEFLAND FL 32626	☑ Delete	✓ RITA HENSON 1016 HILLTOP DRIVE NEW PORT RICHEY, FL. 34654	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASSIDY, MARK PO BOX 557 PT SALERNO FL 34992	☑ Delete	SD LES STILES 10324 CASTILLO CT. CLERMONT, FL. 34711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MELVIN, JACK 1656 PERRY CIRCLE MYRTLE BEACH SC 29577	☑ Delete	T Bob ALEXANDER 1831 EVERHART DRIVE Orlando, FL. 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Bob Alexander 4-12-04 407-896-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #