

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90004 039 ****61.25

DOCUMENT # N99000002903

1. Entity Name

USAF COMSEC VETERANS GROUP, INC.

Principal Place of Business

**2692 WALNUT DRIVE
 PALM HARBOR FL 34683**

Mailing Address

**2692 WALNUT DRIVE
 PALM HARBOR FL 34683**

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

74-2905883

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

**LEMONS, ANTHONY P
 2692 WALNUT DRIVE
 PALM HARBOR FL 34683**

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.

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 \$61.25

9. 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 **PD** ☐ Delete
 NAME **SHOLTS, RICHARD**
 STREET ADDRESS **110 MYSTIC MEADOWS LN.**
 CITY-ST-ZIP **SAINT LOUIS MO 63141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **SHOLTS, RICHARD**
 STREET ADDRESS **110 MYSTIC MEADOWS LN.**
 CITY-ST-ZIP **SAINT LOUIS MO 63141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **LEMONS, ANTHONY**
 STREET ADDRESS **2692 WALNUT DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **MUCKENFUSS, ARCHIE**
 STREET ADDRESS **111 EAST CAROLINA AVE.**
 CITY-ST-ZIP **SUMMERVILLE SC 29483**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TP** ☒ Delete
 NAME **SANDERS, JACK**
 STREET ADDRESS **207 POSITIVE LANE**
 CITY-ST-ZIP **LAKE PARK GA 31636**

TITLE **TD** ☒ Change ☐ Addition
 NAME **SANDERS JACK**
 STREET ADDRESS **207 POSITIVE LANE**
 CITY-ST-ZIP **LAKE PARK, GA 31636**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 another like empowered.

SIGNATURE:

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

1-17-2002 727-736 1993

Date

Daytime Phone #

CR2E037 (9/01)