

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90228 016 ****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**

40007383



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **74-2905883**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 PD ☒ Change ☐ Addition
NAME MUCKENFUSS ARCHIE
STREET ADDRESS 111 EAST CAROLINA AVE
CITY-ST-ZIP SUMMERVILLE, SC 29483

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

TITLE VPD ☐ Change ☒ Addition
NAME ROSKAM, JACOB JR
STREET ADDRESS 1150 WEST MARS HALL
CITY-ST-ZIP FERNDALE, MI 48220

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

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

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

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 all other like empowered. **ANTHONY P. LEMONS**

SIGNATURE: **SIGNATURE REQUIRED**

1/24/03 727-736-1993

CR2E037 (10/02)