2002	2 UNIFORM BUS	INESS REPO	RT	(UBR)	T FILED 04-29-2002 9	0163 045	··· ·***150.00
	MENT # P0000	0074650	•		Po	00000746	50
. Entity Nam			••		02 AUG 28 PM 1:41		
AVID A.	TUCKER & ASSOCIATES, II	NC.			<i> </i>		
	•				SECRETATY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac	o of Rusiness	Mailing Address	,		TALLAHASSEE, FLOHIDA		
Principal Place of Business Mailing Address 28 S RIDGEWOOD AVE. STE 19 1326 S RIDGEWOOD AVE. ST				•	1		
AYTONA BEA		DAYTONA BEACH FL 3211					
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, . <u> </u>	Place of Business	3. Mailing Address			t (201100) if 00411 dailt matt petti datte eine cant acte erson aust part seat		
Suite, Apt.	ame	Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE			
Solie, Apr.	т, о.с.					- G- F- G- E	
City & Stat	e	City & State			4. FEI Number 59 - 3 75018	A	oplied For
				· · · · · · · · · · · · · · · · · · ·	3/		ot Applicable
Zip	Country	Zíp	Count	ry	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7: Name and Address of New Registered		•
	· · · · · · · · · · · · · · · · · · ·			Name			
TUCKER, DAVID A				Street Address (P.O. Box Number is Not Acceptable)			
	GEWOOD AVE, STE 19	4	·		<u> </u>		
DAYTONA	BEACH FL 32114	•					
				City	FL	Zip Cod	8
The above	named entity submits this statement to	or the purpose of changing its	registere	d office or registe	ered agent, or both, in the State of Florida.		
. THE ADDVE	Tightion Citing Specime the State Holling To	, ale perpose of grainging ne	· · · · · · · · · · · · · · · · · · ·				
IGNATURE .					· 4.	-15-6) 2
MINITORIC .	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating) DATE		
. This corpo	oration is eligible to satisfy its Intangible	FILE NOW	II, FEE	S \$150.00	10. Election Campaign Financing	- 65.0	O May Be
•	requirement and elects to do so.	After May 1, 20 Make Check Payat			Trust Fund Contribution		to Fees
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1. TLE	OFFICERS AND	Delete	·ITLE	,	ADDITIONO/OFFICIALES TO OFFICE FIGURE	Change	Addition
	TUCKER, DAVID A		NAME				
	1326 S RIDGEWOOD AVE, STE 19	·		T ADDRESS			,
TY-ST-ZIP	DAYTONA BEACH FL 32114		CITY	ST-ZIP			<u></u>
SLE .		☐ Delete	TITLE			Change.	☐ Addition
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RE	<u></u> -	☐ Delete	πLE			Change	Addition
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TLE VME		☐ Defete	TITLE	1	•	C AND	
REET ADDRESS			4	T ADDRESS		_	
				ST-ZIP			

^{13.} 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report agrequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.