

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

03-11-2002 90032 026 ***150.00

DOCUMENT # P01000045530

1. Entity Name

CONSOLIDATED CORRECTION SUPPLY, INC.

Principal Place of Business

**31 FLOYD INDUSTRIAL BLVD
 ROME GA 30161**

Mailing Address

**31 FLOYD INDUSTRIAL BLVD
 ROME GA 30161**

2. Principal Place of Business

6161 SE 78 Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Baseline Bus Center

Suite, Apt. #, etc.

AS

City & State

Ocala, FL

City & State

above

Zip

34472

Country

USA

Zip

Country

4. FEI Number

58-2632718

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**Stephen Malone
 330 Moonlight Bay Drive
 Panama City Beach, FL 32407**

7. Name and Address of New Registered Agent

**Johnny Edwards
 Street Address (P.O. Box Number is Not Acceptable)
 6161 SE 78 Street
 City Ocala FL 34472**

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 **Johnny E. Edwards**
Signature typed or printed name of registered agent and state is applicable

Johnny Edwards
(NOTE: Registered Agent signature required when retreating)

4/29/02
DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

President
Diane Sidwell
67 N Edenfield Dr,
Rome, GA 30161

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with signature like empowered.

SIGNATURE: **Johnny E. Edwards**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 09, 2002 706-295-1139
Date Daytime Phone

CR2E034 (9/01)