

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90367 008 ***150.00

DOCUMENT # P01000117498

1. Entity Name

CVS CONSOLIDATED, INC.

Principal Place of Business

POST OFFICE BOX 386
 MORRISTON FL 32668

Mailing Address

POST OFFICE BOX 386
 MORRISTON FL 32668

2. Principal Place of Business

18531 S.E. 23rd Place

3. Mailing Address

PO Box 386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 386

18531 S.E. 23rd Place

City & State

City & State

MORRISTON FL

MORRISTON FL

Zip

Country

Zip

Country

32668

Levy

32668

Levy

6. Name and Address of Current Registered Agent

BRANNAN, SHARON C
 161 N. MAIN STREET
 WILLISTON FL 32696

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **SETTLE, VIRGIL R**
 STREET ADDRESS **POST OFFICE BOX 386**
 CITY-ST-ZIP **MORRISTON FL 32668**

TITLE **D** ☐ Delete
 NAME **SETTLE, CHARLON A**
 STREET ADDRESS **POST OFFICE BOX 386**
 CITY-ST-ZIP **MORRISTON FL 32668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02

Date

(352) 528 0209

Daytime Phone #

CR2E034 (9/01)