

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90204 021 \*\*\*158.75



CHECK HERE IF MAKING CHANGES

**DOCUMENT # P02000010262**  
1. Entity Name  
**VOLUSIA CONSTRUCTION OPERATING COMPANY**

Principal Place of Business  
**1650 PRUDENTIAL DRIVE  
105  
JACKSONVILLE FL 32207**

Mailing Address  
**1650 PRUDENTIAL DRIVE  
105  
JACKSONVILLE FL 32207**

2. Principal Place of Business  
**952 BIG TREE ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 214578**  
Suite, Apt. #, etc.

City & State  
**South DAYTONA, FLA.**

Zip  
**32119**

Country  
**USA**

City & State  
**South DAYTONA, FLA.**

Zip  
**32121**

Country  
**USA**

4. FEI Number  
**30-0040282**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ELEFANT, FRED  
1650 PRUDENTIAL DRIVE  
105  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
**THOMAS S. Underwood**

Street Address (P.O. Box Number is Not Acceptable)  
**952 BIG TREE ROAD**

City  
**South DAYTONA**

FL Zip Code  
**32119**

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 **Thomas S. Underwood** (NOTE: Registered Agent signature required when reinstating.) DATE **2/10/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD UNDERWOOD, THOMAS S 1650 PRUDENTIAL DRIVE, SUITE 105 JACKSONVILLE FL 32207</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.O. Underwood, THOMAS S. 952 BIG TREE ROAD South DAYTONA, FLA. 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY TREASURY Underwood, THOMAS S. 952 BIG TREE ROAD South DAYTONA, FLA 32119</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ronnie Bledsoe 952 Big Tree Road South DAYTONA, FLA 32119</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.

SIGNATURE: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/10/03** Date **386-761-6111** Daytime Phone #

CR2E034 (10/02)