


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

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90043 045 \*\*\*150.00

DOCUMENT # **P03000146526**

1. Entity Name  
**124 BUILDING, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**124 TONEY PENNA DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address **% MARY BRITTON**  
**SECRETARY-TREASURER**  
Suite, Apt. #, etc.  
**3218 BENTLEY AVE.**

City & State  
**JUPITER, FLORIDA**

City & State  
**SEBRING, FLORIDA**

Zip  
**33458**

Country  
**PALM BEACH**

Zip  
**33872**

Country  
**HIGHLANDS**

**94031256**

DO NOT WRITE IN THIS SPACE

4. FEI Number **86-1092993**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**MARY LEE STEPHENSON BRITTON**

Street Address (P.O. Box Number is Not Acceptable)  
**3218 BENTLEY AVE.**

City  
**SEBRING**

FL Zip Code  
**33872**

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 **Mary Lee Stephenson Britton** DATE **3-18-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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>PRESIDENT JAMES H. DODDS 11420 - 15TH RD. NORTH JUPITER, FL 33478</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT CHARLES R. DODDS 12915 S.E. COUNTY RD. 234 MIRANOPY, FL 32667</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER MARY LEE STEPHENSON BRITTON 3218 BENTLEY AVE. SEBRING, FL 33872</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR STEPHAN A. DODDS 8019 S.W. 95TH ST. GAINSVILLE, FL 32608</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MARLENE DIANE HICKS PO Box 489 or 16201 N.E. Hwy. 301 WALDO, FL 32694</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Lee Stephenson Britton (MARY LEE STEPHENSON BRITTON)** DATE **3-18-04** DAYTIME PHONE # **863-385-3394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)