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

94031256
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
124 TONEY PENNA DRIVE
Suite, Apt. #, etc.
City & State: JUPITER, FLORIDA
Zip: 33458 Country: PALM BEACH

3. Mailing Address c/o MARY BRITTON
SECRETARY-TREASURER
Suite, Apt. #, etc.
3218 BENTLEY AVE.
City & State: SEBRING, FLORIDA
Zip: 33872 Country: HIGHLANDS

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 3-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRESIDENT	TITLE	
NAME	JAMES H. DODDS	NAME	
STREET ADDRESS	11420 - 154th RD. NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL. 33478	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	CHARLES R. DODDS	NAME	
STREET ADDRESS	12915-S.E. COUNTY RD. 234	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY, FL. 32667	CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER	TITLE	
NAME	MARY LEE STEPHENSON BRITTON	NAME	
STREET ADDRESS	3218 BENTLEY AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL. 33872	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	STEPHAN A. DODDS	NAME	
STREET ADDRESS	8019-S.W. 95th ST.	STREET ADDRESS	
CITY-ST-ZIP	GAINSVILLE, FL. 32608	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	MARLENE DIANE HICKS	NAME	
STREET ADDRESS	PO Box 489 or 16201 N.E. Hwy. 301	STREET ADDRESS	
CITY-ST-ZIP	WALDO, FL 32694	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 3-18-04 863-385-3394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)