

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90161 012 ****61.25

DOCUMENT # P11384

1. Entity Name
GVA, INC.



Principal Place of Business

**C/O JANET MILLER - SCHMIDT
2777 LAKESHORE DR
MANDEVILLE LA 70448-5629
US**

Mailing Address

**C/O JANET MILLER - SCHMIDT
2777 LAKESHORE DR
MANDEVILLE LA 70448-5629
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2129669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VAILLANT, FRANCOIS D.
1421 LAMHURST RD.
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name **Calvin Jones, III**
Street Address (P.O. Box Number is Not Acceptable)
412-A Cobra Avenue
City **Fort Walton** FL Zip Code **32548**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

30 APR 03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JONES, CALVIN III**
STREET ADDRESS **412-A COBRA AVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **P** ☐ Delete
NAME **CHAMBELAIN, WALTER**
STREET ADDRESS **PO BOX 2400**
CITY-ST-ZIP **BAY ST. LOUIS MS 39521**

TITLE **S** ☐ Delete
NAME **MILLER-SCHMIDT, JANET**
STREET ADDRESS **2777 LAKESHORE DR**
CITY-ST-ZIP **MANDEVILLE LA 70448-5629**

TITLE **D** ☐ Delete
NAME **BROOKER, NORTON W JR**
STREET ADDRESS **PO DRAWER 2727**
CITY-ST-ZIP **MOBILE AL 36652**

TITLE **D** ☐ Delete
NAME **RICHARDS, RON**
STREET ADDRESS **6625 CALLE DE LAUREL**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **D** ☐ Delete
NAME **MORROW, JOHN**
STREET ADDRESS **PO BOX 1446**
CITY-ST-ZIP **PANAMA CITY FL 32402**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
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 617, 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:

Janet Miller-Schmidt

4/30/03 985-624-8152

CR2E037 (10/02)