## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 20, 2002 8:00 am Secretary of State

Experience of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name	CENTRAL	e	0059014	05-21-2002 91233 032 ***150.00		
Principal Place of Business  507 US 27 NORTH AVON PARK FL 33825  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & Stafe  City & Stafe  City & Stafe  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  F. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  Name  7. Name and Address of New Registered Agent  Name  CHANDLER, WILLIS  507 US 27 NORTH AVON PARK FL 33825  City  City  Authority  Authority  City  Authority  City  Authority  City  Authority  City  Authority  City  Authority  Authority  City  Authority  Authority  City  Authority  City  Authority  City  Authority  Authority  City  City  Authority  City  Authority  City  Authority  City  Authority  City  Authority		FLORIDA VAULT & MONUN	HENT SERVICE, INC.	<b>.</b>		
SOT US 27 NORTH AVON PARK R. 33825  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  City	un.	The second se	<u> </u>	1		
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$6.75 Additional Fee Required  Fee Required  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street	507 US 27 NO	ALLH	507 US 27 NORTH		A DESIGNATION IN THE STATE OF THE STATE STATE STATE STATE STATE STATE STATE AND STATE STAT	ı
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$6.75 Additional Fee Required  Fee Required  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street						
City & State  Country			3. Mailing Address			
City & State    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Se.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CHANDLER, WILLIS  507 US 27 NORTH  AVON PARK FL 33825  City Properties of Signature State of Florida.  SIGNATURE State o	City & State	è .	City & State		4. FEI Number 65-06 12385 Applied For Not Applicable	
CHANDLER, WILLIS  507 US 27 NORTH  AVON PARK FL 33825  City Public Park FL Zip Cote  City Public FL Zip Cote  FL Zip Cot	Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required	
CHANDLER, WILLIS  507 US 27 NORTH  AVON PARK FL 33825  City Public Park FL Zip Code  City FL Zip Code  Code  City FL Zip Code  City FL Zip Code  Code  City FL Zip Code  Code  City FL Zip Code		6. Name and Address of Current R	egistered Agent	Name*	7. Name and Address of New Registered Agent	
8. The above named entity submits this statement by the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE	1	-		U	S (P.Q. Box Number is Not Acceptable)	
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle and electronic sequence of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle and electronic sequence of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle and electronic sequence of the purpose of changing its registered office or registered pagent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle sequence of the purpose of changing its registered office or registered pagent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle sequence of the purpose of changing its registered office or registered pagent, or both, in the State of Florida.  SIGNATURE  Signature, spea or principle states it speaked agent signature of speaked when reinstating)  DATE  Signature, speaked Agent signature of speaked						
SIGNATURE Signification by the communication of the production and to be it expectable.  9. This corporation is eligible to satisty its intangible Tax Hitting requirement and elects to do so.  (See criteria on back)  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  DAME STREET ADDRESS GITY-ST-ZP  TITLE  NAME STREET ADDRESS GITY-ST-ZP  TOTAL			)	1700	ON (13015 - 52025	
9. Telis corporation is eligible to satisfy its intangible Tax Hiffing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ITILE  D  CHANDLER, WILLIS  STREET ADDRESS  GITY-ST-ZP  LAKE PLACID FL 33852  TRUE  Dalete  TRUE  D  Delete  TRUE  D  Change  Add  Added to Fees  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Added to Fees  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DOWNTAIN, JAMES E  STREET ADDRESS  CITY-ST-ZIP  Change  Add  Add  Change  Change  Add  Change  Change  Add  Change  Change  Change  Change  Add  Change	8. The above	named entity submits this statement to	the purpose of changing its r	registered office or regis ا	stered agent, or both, in the State of Florida.	1
Tax Httng requirement and elects to do so.  (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DO  Change  Add  Add  Change  Change  Add  Change  Change  Add  Change  Add  Change  Change  Change  Add  Change  Chan	SIGNATURE !	Signature, typed or printer harms away stocker figure as	di tile if applicable. (NoTE:	Registered Agent signature acqui	Touta June 1, 2002 ind when reinstaling)	
11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TOUNTAIN, JAMES E  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  AVON PARK FL 33825	Tax fitting	requirement and elects to do so.	After May 1, 200	2 Fee will be \$550.00	Trust Fund Contribution Added to Fees	
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