

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000036274

FILED
Apr 14, 2003
Secretary of State

Entity Name: SARVER AND ASSOCIATES, INC.

Current Principal Place of Business:

3425 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953

New Principal Place of Business:

1020 WILD ELM STREET
CELEBRATION, FL 34747

Current Mailing Address:

P. O. BOX 540886
MERRITT ISLAND, FL 329540886

New Mailing Address:

1020 WILD ELM STREET
CELEBRATION, FL 34747

FEI Number: 59-3328591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARVER, EDWIN J.
3425 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953

Name and Address of New Registered Agent:

SARVER, EDWIN J.
1020 WILD ELM STREET
CELEBRATION, FL 34747

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.

SIGNATURE: EDWIN J. SARVER

04/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SARVER, EDWIN J
Address: 3425 SAVANNAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: SARVER, CHARLENE A
Address: 3425 SAVANNAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SARVER, EDWIN J
Address: 1020 WILD ELM STREET
City-St-Zip: CELEBRATION, FL 34747

Title: VP (X) Change () Addition
Name: SARVER, CHARLENE A
Address: 1020 WILD ELM STREET
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE A. SARVER

VP

04/14/2003

Electronic Signature of Signing Officer or Director

Date