2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P96000006864 DIAL, CORDY & ASSOCIATES, INC. 04-02-2001 90089 040 ***150.00 Principal Place of Business Mailing Address 115 PROFESSIONAL DR 115 PROFESSIONAL DR **STE 104** STE 104 UUU29911 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address 490 490 OSCEOLA OSCCOLA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3353747 Itaksonsille Beach FL <u> محددی ما بادیدهٔ</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32250 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cordy CORDY, JOHN G. Street Address (P.O. Box Number is Not Acceptable) 115 PROFESSIONAL DR **STE 104** PONTE VEDRA BEACH FL 32082 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE Change TITLE R. Steve Dixh DIAL, R. STEVE NAME NAME 490 OSCEDLA Ne STREET ADDRESS STREET ADDRESS 115 PROFESSIONAL DR STE 104 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete TITLE TITLE JOHN G. CORDY CORDY, JOHN G NAME NAME STREET ADDRESS 115 PROFESSIONAL DR STE 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Addition Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.