## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am P97000012303 DOCUMENT # Secretary of State 1. Entity Name 05-13-2002 90190 040 \*\*\*150.00 ALAFIA PROPERTIES, INC. Principal Place of Business Mailing Address 150 MAGNOLIA AVENUE 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491 DAYTONA BEACH FL 32115-2491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3505327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ☐ Addition ☐ Delete TITLE Change TITLE HART, THOMAS S NAME NAME 150 MAGNOLIA AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32115-2491 CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WATTS, C. ALLEN NAME 150 MAGNOLIA AVENUE ~~ STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32115-2491 CITY-ST-7IP CITY-ST-ZIP DVPS Change ☐ Addition ☐ Delete TITI F Merrell, Robert a III NAME 150 MAGNOLIA AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32115-2491 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE

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 oath; that I am an officer or director of the corporation or the receiver or pasted on powered 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 wite an addiest, with all other like empowered.

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