

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000027421**

1. Entity Name

SECTION 9, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90054 042 ***150.00

Principal Place of Business

P O BOX 63
POLK CITY FL 33868

Mailing Address

P O BOX 63
POLK CITY FL 33868

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 **59-3459572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BARKER, HAROLD E**
DICESARE, DAVID & BARKER, P.A.
5640 S FLORIDA AVE
LAKELAND FL 33813**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **D GAFFNEY, VIRGINIA W**
STREET ADDRESS **905 SOUTH DRIVE**
CITY-ST-ZIP **POLK CITY FL 33868**TITLE ☐ Delete
NAME **D GRANT, JAMES M II**
STREET ADDRESS **1782 WILSON'S CROSSING DRIVE**
CITY-ST-ZIP **DECATUR GA. 30033**TITLE ☐ Delete
NAME **D GALE, MARSHA**
STREET ADDRESS **803 N ORLANDT AVE**
CITY-ST-ZIP **FT MEADE FL 33841**TITLE ☐ Delete
NAME **D FARLEY, JENNY F**
STREET ADDRESS **915 SOUTH DRIVE**
CITY-ST-ZIP **POLK CITY FL 33868**TITLE ☐ Delete
NAME **D BRIDGES, DAVID W**
STREET ADDRESS **221 BRIDGES RD**
CITY-ST-ZIP **POLK CITY FL 33868**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)