2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038920

1. Entity Name

JIMMIE VAUGHT REALTY, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90165 007 ***150.00

					O WE IN	3/				
Principal Place of Business 631 E LAKE SUE AVE WINTER PARK FL 32789			Mailing Address 631 E LAKE SUE AVE WINTER PARK FL 32789							
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-3444260 Applied For Not Applicable			
Zip		Country	Zip Country				5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7	. Name and Address of New F	egistered A	gent	· · ·
1					Name					
VAUGHT,	ĴIMMIE S Ke sue ave	·					(P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32789							•			
	•.			City	FL ^z			Zip Cod	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Afte	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o					Election Campaign Fir Trust Fund Contribution	n. 🗆	Ådded	0 May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JIMMIE S E SUE AVE ARK FL 32789-5834	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Delete		1 -	55 '	e	2 4 * * 2.4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADORESS CITY-SI-ZIP			☐ Delete		į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				· · · · · · · · · · · · · · · · · · ·		Change	Addition
	L partify that the	information supplied with	this filing does not qualify for		, 1	in Sectio	on 119 07(3Vi) Florida Statutos I	further corti	iv that the in	aformation

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

5. Vaught

125/03

407-647-136

, Daytime Phone #

CR2E034 (10/02)