2001	UNIF	ORM	BUSINE	ESS RE	PORT	(UBF

200	I UNIFORM BUS	INESS REPU	ni lob	n)				_	
DOCU 1. Entity Nar	MENT # P970000		Mar 28, 2001 8:00 am Secretary of State						
AUSLEY	HARVELL GROUP, INC.				٥		204 043 ***150.0		
Principal Place	ce of Business	Mailing Address	- -						
1114 THOMAS		1114 THOMASVILLE RD		Ì					
STE W		STE W		}		v			
TALLAHASSEE US	FL 32303	TALLAHASSEE FL 32303 US			 	D 18114 INNA SDAN SSIA NA	 	MAT HERE MARI	
	Place of Business CMINATUR GreenCir	3. Mailing Address V 2808 Kewing	by Carpor	Cit	اللللللللللللللللللللللللللللللللللللل				
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>			DO NOT WRITE	IN THIS SPACE		
City & Sta	hossee, FL	City & State	2 FC	-	4. FEI Number	59-3466032		oplied For ot Applicable	
3a3		32308	Country U.S.			f Status Desired	S8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current	Registered Agent		7	7. Name and A	Address of New Reg	istered Agent		
ΔI IS:	LEY MARGARET R		Name						
AUSLEY, MARGARET B 316 E JEFFERSON ST TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)					
17ILL	AINOOLL IL BESSI	City	City Zip Code						
_ 									
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office o	r registered	agent, or both	, in the State of Floric	la.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signa	ture required who	en reinstating)		DATE		
	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 200	FEE IS \$150.		l l	tion Campaign Finan		О Мау Ве	
•	ria on back)	Make Check Payable			Trus	t Fund Contribution.	∐ Added	to Fees	
11.	OFFICERS AND I	DIRECTORS	12.			HANGES TO OFFICE	ERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE	V. Pre	5 · - Dowle	1 100	Ch enge	Addition	
NAME STREET ADDRESS	AUSLEY, DANIEL M 1114 THOMASVILLE RD STE W		NAME STREET ADDRESS	BUSIN	mineral M	Green Ur	o Ste su	٥	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	1-01/V	WXX00	FL 3230	3	}	
TITLE	D	☐ Delete	TITLE	171 - C				Addition	
NAME	HARVELL, BRADLEY S		NAME	Harve	11, Brac	alley 5	N Skac 307	100 J	
STREET ADDRESS	1114 THOMASVILLE RD STE W		STREET ADDRESS	2808 TE	ming ten	CARCETTO	- 7		
	TALLAHASSEE FL 32303		**CITY*ST*ZIP*	Talla	ncissee	F(30	30 Y -	- Addition	
TITLE NAME		☐ Delete	TITLE NAME	1			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
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NAME			NAME						
STREET ADDRESS :			STREET ADDRESS CITY-ST-ZIP	1					
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. NAME		ा व्यवस्	NAME	(L. Addition	
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>					
TITLE		☐ Delete	TITLE	1			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-7IP			CITY OF TIP	1				ľ	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #