

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067101

1. Entity Name
COMMERCIAL PROPERTIES OF VOLUSIA COUNTY, INC.

Principal Place of Business

533 NORTH NOVA ROAD STE. 102
ORMOND BEACH FL 32174

Mailing Address

533 NORTH NOVA ROAD STE. 102
ORMOND BEACH FL 32174

2. Principal Place of Business

533 North Nova Rd.
Suite, Apt. #, etc.

3. Mailing Address

533 North Nova Rd.
Suite, Apt. #, etc.

Suite 216

City & State
Ormond Beach, FL

Zip 32174

Country Volusia

City & State
Ormond Beach, FL

Zip 32174

Country Volusia

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90311 010 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3445318	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BABCOCK, ANDREA L
533 NORTH NOVA ROAD STE. 102
ORMOND BEACH FL 32174

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
533 North Nova Road

Suite 216

City SAME

FL Zip Code SAME

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR22E034 (9/01)

TITLE D
NAME BABCOCK, ANDREA L
STREET ADDRESS 533 NORTH NOVA ROAD STE. 102
CITY-ST-ZIP ORMOND BEACH FL 32174

Delete

TITLE P

Change

Addition

533 N. NOVA RD, STE 216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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.

Andrea L. Babcock President

Andrea L. Babcock

3/15/02 (386) 615-1400

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR