## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000093190

Entity Name: 602, INC.

FILED Apr 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:		
720 MAGNOLIA AVENUE NEW SMYRNA BEACH, FL 32168			713 LIVE OAK STREET NEW SMYRNA BEACH			
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:		
P O BOX 894 NEW SMYRNA BEACH, FL 311700894 US			713 LIVE OAK STREET NEW SMYRNA BEACH	713 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168 US		
FEI Number	: 59-3476885	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent	Name and Address of	Name and Address of New Registered Agent:		
	AVID J NOLIA AVENU YRNA BEACH,			WILEY, DAVID J 713 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168		
	e named entity e of Florida.	submits this statement for t	e purpose of changing its registered	office or registered agent, or both,		
SIGNATU	RE:			04/20/2002		
	Electro	nic Signature of Registered	Agent	Date		
Election Ca		g Trust Fund Contribution ( ).	requirement and elects to do so (X).	S TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD ( WILEY, DAVID 720 MAGNOLI.	) Delete		) Change()Addition		
Title: Name: Address: City-St-Zip:	SEIBOLD, CHA 200 SOUTH RI	i) Delete ARLES R VERSIDE DRIVE #302 BEACH, FL 32169	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition		
Title: Name: Address: Citv-St-Zip:	SIEBOLD, CR 11 RICHMOND		Name: SIEBOLD, C. Address: 11 RICHMONI			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. WILEY P 04/20/2002