

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000093190

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

Entity Name: 602, INC.

## Current Principal Place of Business:

720 MAGNOLIA AVENUE  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

713 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

## Current Mailing Address:

P O BOX 894  
NEW SMYRNA BEACH, FL 311700894 US

## New Mailing Address:

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 Address of Current Registered Agent:

WILEY, DAVID J  
720 MAGNOLIA AVENUE  
NEW SMYRNA BEACH, FL 32168

## Name and Address of New Registered Agent:

WILEY, DAVID J  
713 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

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:

04/20/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILEY, DAVID J  
Address: 720 MAGNOLIA STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD (X) Delete  
Name: SEIBOLD, CHARLES R  
Address: 200 SOUTH RIVERSIDE DRIVE #302  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete  
Name: SEIBOLD, CR JR.  
Address: 11 RICHMOND DR  
City-St-Zip: NEW SMYRNA BCH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: SEIBOLD, C. ROLLIN  
Address: 11 RICHMOND DR  
City-St-Zip: NEW SMYRNA BCH, FL 32169

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

Electronic Signature of Signing Officer or Director

Date