

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90033 041 ***150.00

DOCUMENT # P98000002049

1. Entity Name
DAVID A. MAY & ASSOCIATES, INC.

| | |
|--|--|
| Principal Place of Business 4404 S FLORIDA AVE SUITE 14 LAKELAND FL 33813 US | Mailing Address PO BOX 6128 LAKELAND FL 33807-6128 |
|--|--|

D0032409



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------|
| 2. Principal Place of Business 3003 S FLORIDA AVE | 3. Mailing Address |
|---|--------------------|

| | |
|---|---------------------|
| Suite, Apt. #, etc. SUITE 203 | Suite, Apt. #, etc. |
|---|---------------------|

| | |
|--------------------------------------|--------------|
| City & State LAKELAND - FL | City & State |
|--------------------------------------|--------------|

| | | | |
|---------------------|----------------------|-----|---------|
| Zip 33803 | Country US | Zip | Country |
|---------------------|----------------------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0815143 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
MAY, DAVID
6535 CREWS LAKE HILLS LOOP W
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | |
|---|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D MAY, DAVID A P.O. BOX 6128 LAKELAND FL 33807 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: David May David May 1/02/01 863-619-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/03/98 CR2E034 (10/00)