

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021981

1. Entity Name
AXIOM INVESTMENTS, INC.

Principal Place of Business
400 S. PALMETTO AVE
DAYTONA BEACH FL 32114

Mailing Address
400 S. PALMETTO AVE
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3502904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D
400 SOUTH PALMETTO AVE.
DAYTONA BEACH FL 32114

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 _____
(NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, JEROME D
STREET ADDRESS 400 S. PALMETTO AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE VD
NAME CLIFTON, RONALD D JR
STREET ADDRESS 1128 - A BEVILLE ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D
NAME COOLIDGE, E. CHANNING
STREET ADDRESS S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE: SIGNATURE REQUIRED Gerard D. Mitchell, Pres. Date 1/4/02 Daytime Phone # (386) 252-3004

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90012 026 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)