

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am
Secretary of State**

02-27-2001 90312 037 ***158.75

DOCUMENT # P99000102540**1. Entity Name
TOWNSENDS, INC.****Principal Place of Business
P.O. BOX 9026
HURLBURT FIELD FL 32544****Mailing Address
P.O. BOX 9026
HURLBURT FIELD FL 32544****9 2 3 4 6 4**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3613341Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HAGY, GEORGE D
223 CODY AVE AFOSI DET 309
HURLBURT FIELD FL 32544**

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

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, 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	P	<input type="checkbox"/> Delete
NAME	TOWNSEND, EDWARD E	
STREET ADDRESS	6525 CLARK RD	
CITY-ST-ZIP	BATH MI 48808	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAGY, JEAN A	
STREET ADDRESS	P.O. BOX 9026	
CITY-ST-ZIP	HURLBURT FIELD FL 32544	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Townsend, Robert M.	
STREET ADDRESS	6525 clark RD	
CITY-ST-ZIP	BATH MI 48808	

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, LINDA	
STREET ADDRESS	6185 SLEIGHT RD	
CITY-ST-ZIP	BATH MI 48808	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Townsend, Roberta L.	
STREET ADDRESS	6525 clark RD	
CITY-ST-ZIP	BATH MI 48808	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGY, Jean A.	
STREET ADDRESS	P.O. Box 9026	
CITY-ST-ZIP	Hurlburt Field FL 32544	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Jean Hagy **Jean A. Hagy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jan 01 (850) 581-3076

Date

Daytime Phone #

CR2E034 (10/00)