

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 21, 2002 8:00 am
Secretary of State

02-26-2002 90162 001 ***150.00

DOCUMENT # S44971

1. Entity Name
16A AND ELEVEN, INC.

Principal Place of Business
34 AUDUBON LANE
FLAGLER BEACH FL 32136

Mailing Address
34 AUDUBON LANE
FLAGLER BEACH FL 32136

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 **59-3060098**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, EDGAR M JR.
347 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

Name **Williams, Gerald S., JR.**
 Street Address (P.O. Box Number is Not Acceptable)
110 Riverside Drive
 City **Ormond Beach** FL Zip Code **32176**

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

4/26/02

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 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 ☐ Delete
D WHITE, JAMES E.
 STREET ADDRESS
34 AUDUBON LANE
 CITY-ST-ZIP
FLAGLER BEACH FL 32136

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

TITLE NAME ☐ Delete
D WILLIAMS, GERALD S., JR.
 STREET ADDRESS
724 S. BEACH STREET
 CITY-ST-ZIP
DAYTONA BEACH FL 32114

TITLE NAME ☒ Change ☐ Addition
Williams, Gerald S., JR.
 STREET ADDRESS
110 Riverside Drive
 CITY-ST-ZIP
Ormond Beach, FL 32176

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL

Date

Daytime Phone #

2/05/02 386-258-663

CRF0204 (0/01)