

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90053 031 ***150.00

DOCUMENT # P97000093190

1. Entity Name

602, INC.

Principal Place of Business

Mailing Address

720 MAGNOLIA AVENUE
 NEW SMYRNA BEACH FL 32168

P O BOX 894
 NEW SMYRNA BEACH FL 32170-0894
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476885

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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, 2000 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 PD
 NAME WILEY, DAVID J
 STREET ADDRESS 907 NORTH ATLANTIC AVENUE
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 Delete

TITLE Change Addition
 NAME
 STREET ADDRESS 720 MAGNOLIA STREET
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE SD
 NAME SEIBOLD, CHARLES R
 STREET ADDRESS 200 SOUTH RIVERSIDE DRIVE #302
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME SIEBOLD, CR JR.
 STREET ADDRESS 11 RICHMOND DR
 CITY-ST-ZIP NEW SMYRNA BCH FL 32169 Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000

Date

9044288000

Daytime Phone #

CR2E034 19/99