

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90100 046 \*\*\*\*61.25

DOCUMENT # N00000004182

1. Entity Name  
P-3 VENTURES, INC.



Principal Place of Business  
5438 DUBOIS AVE  
PORT ORANGE FL 32120

Mailing Address  
P.O. BOX 9987  
DAYTONA BEACH FL 32120-9987

2. Principal Place of Business  
100 N. Woodland Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deland, FL

City & State

4. FEI Number 59-3663309

Applied For  
Not Applicable

Zip  
32120

Country  
USA

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

MACFADYEN, BONNIE J  
5438 DUBOIS AVENUE  
PORT ORANGE FL 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME SCHMELICK, NITA  
STREET ADDRESS 411 GLEN ABBEY LANE  
CITY-ST-ZIP DEBARY FL 32713

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  Delete  
NAME MACFADYEN, BONNIE  
STREET ADDRESS 5438 DUBOIS AVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE S/T/D  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME MERRELL, LINDA  
STREET ADDRESS 599 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Bernelle Nelson-Sessoms  Change  Addition  
NAME 1434 Gulf Avenue  
STREET ADDRESS Ormond Beach, FL 32174  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D  Change  Addition  
NAME Deborah S. Portman  
STREET ADDRESS 2658 Flowing Well Road  
CITY-ST-ZIP Deland, FL 32120

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nita Schmellick, Registered Agent 1/27/03 386-734-4015

CR2E037 (10/02)