


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

07-23-2003 90055 016 ***150.00

DOCUMENT # P01000118775

1. Entity Name
MULTIPLE COUNTY INVESTMENTS, INC.



Principal Place of Business
**313 DIRKSEN DRIVE
BUILDING D
DEBARY FL 32713**

Mailing Address
**PO BOX 390757
DELTONA FL 32739**

55056464

2. Principal Place of Business
313 Dirksen DR
Suite, Apt. #, etc.
D

3. Mailing Address
P.O. BOX 390757
Suite, Apt. #, etc.

City & State
DeBary FL

City & State
Deltona FL

Zip
32713

Country
VOLUSIA

Zip
32739

Country
VOLUSIA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VOUGHT, JON J
313 DIRKSEN DRIVE
BUILDING D
DEBARY FL 32713

4. FEI Number **59-3760918**

Applied For
 Not Applicable

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

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

SIGNATURE *[Signature]* DATE **7-12-03**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF CLEMENTS, LATARA OFFICER 313 DIRKSEN DR DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF ODONNELL, MICHAEL OFFICER 313 DIRKSEN DR DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF VOUGHT, JON OFFICER 313 DIRKSEN DR DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: *[Signature]* DATE **7-12-03** DAYTIME PHONE # **860 1608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (4/03)

Attachment

55056464

September 7, 2003

Ref: P01000118775

To Whom It May Concern:

I have received a copy of my return but not the check. I did not receive the first notice to file my return and therefore, I was late. I called your office and I was advised that the late charge would be removed. Since then, I have received a copy of my return and a letter demanding \$400.00.

I called again this morning and I was advised to write this letter and attach the copy of my return. Please help me with this return. Thank you.

Michael O'Donnell