4[02 352-620-2300)
Date Davine Phone 2

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49738				Secretary of State			
WAGGONER & DANSBY, P.A.					90061 012 ***1		
Principal Place of Business	Mailing Address						
-420-SE-8TH-ST.	4 20 SE 8TH S T.						
OCALA FL 34471 US	OCALA FL 34471 US			3 O 3			
00	03						
2. Principal Place of Business 2353 SF 17th St	3. Mailing Address 2353 SF 1-th St						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
_City & State	City & State		- 4	FEI Number		Applied For	
Ocala FL	10cala, th			59-3130844		Not Applicable	
34471 USA	34471	Country	5.	Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Ro	egistered Agent		
WAGGONER, CARY G.		Staci	<u>L</u> 1	sansby			
-420 SE 8TH 3 T		235.	ess (P.O. 1	Box Number is Not Acceptable)		
OCALA FL 34471							
		@C 01	la	***	FL Z	2de 7/	
8. The above named entity submits this statement for	or the purpose of changing its re	egistered office or reg	gistered ag	gent, or both, in the State of Flor	rida.	-1	
SIGNATURE Signature typed or printerprayed of registered agent	and little impolibable 1 (NOTE: F	Registered Agent signature re	equired when r	Z (entation)	14/02		
9. This corporation is eligible to satisfy its intangible		FEE IS \$150.00		on stating)	DATE		
Tax filing requirement and elects to do so.	After May 1, 2002	Fee will be \$550.		10. Election Campaign Fina Trust Fund Contribution	, <u> </u>	.00 May Be led to Fees	
(See criteria on back) OFFICERS AND	Make Check Payable	to Department of					
TITLE 19 THE PARTY OF THE PARTY	Delete	TITLE S		DDITIONS/CHANGES TO OFFIC	Change		
NAME WAGGONER, CARY G. STREET ADDRESS (1801 CW FIRST TERP		NAME STREET ADDRESS	AGG!	DNER, CARY G.	~ ~		
CITY-ST-ZIP OCALA FL	i		CALI	A.FL 34471			
TITLE 81	☐ Delete	TITLE &)	COMO I	Change	Addition	
DANSBY, STACI L. STREET ADDRESS 420 SE 8TH ST		NAME D STREET ADDRESS 7	みんつじ	64,599C1 L SE 17th St A,FL 34471			
CITY-ST-ZIP OCALA FL 34471	·	CITY-ST-ZIP	CALP	1, FL 34471	-		
TITLE .	. Delete	. TITLE NAME		ي يعرب در	Change	Addition -	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE			• C Change	Addition	
NAME	□ Delete	NAME			- Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE ·	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME " STREET ADDRESS		NAME Street address					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		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:	Val Dendus.	. , . → : • : :		2/4/02	352.620	-2300	
SIGNATURE AND TYPED OF D	DINTED NAME OF SIGNING OFFICER OR	DIRECTOR					