

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90065 050 ****61.25

DOCUMENT # N25600

1. Entity Name
OCALA HEXAPORT, INC.

Principal Place of Business 7 E SILVER SPRGS BLVD #208 OCALA FL 34470 US <i>wrong address</i>	Mailing Address 7 E SILVER SPRGS BLVD #208 OCALA FL 34470 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 SW 60th Avenue Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6908 Suite, Apt. #, etc.
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City & State Ocala, Florida	City & State Ocala, Florida
Zip 34474	Country USA
Zip 34478	Country USA

4. FEI Number 59-2933946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TROW, CHESTER J.
125 NORTHEAST FIRST AVENUE, SUITE 2
OCALA FL 32670

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME APPLEBY, HUGH T	STREET ADDRESS 10890 SE 72ND TERRACE	CITY-ST-ZIP BELLEVIEW FL	<input type="checkbox"/> Delete
TITLE D	NAME VILLELLA, THOMAS L	STREET ADDRESS 1203 SW ST STE 7	CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> Delete
TITLE D	NAME ZURAWSKI, JOSEPH	STREET ADDRESS P.O BOX 1255 N/A	CITY-ST-ZIP ANTHONY FL	<input type="checkbox"/> Delete
TITLE D	NAME VANVOORHEES, R.C.	STREET ADDRESS 8520 NW 63RD ST	CITY-ST-ZIP OCALA FL	<input type="checkbox"/> Delete
TITLE STD	NAME LAUFF, SAMUEL JR	STREET ADDRESS P O BOX 2754 N/A	CITY-ST-ZIP OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE VD	NAME DEATON, JOHN S	STREET ADDRESS 2130 SW 37TH ST RD	CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD	NAME R.C. Van voorhees	STREET ADDRESS 1619 SE FIFTH STREET	CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME Walter J. Driggers	STREET ADDRESS 1619 SE FIFTH STREET	CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" 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 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: *[Signature]* **SIGNATURE REQUIRED** **4/23/02** **(352) 245-8304**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)