I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: DEBRA JENKINS

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Ρ Title VP JENKINS, DEBRA Name LOURY, TOM Name 1992 SE 169 AVE ROAD Address 17400 SW 47 LANE Address City-State-Zip: DUNNELLON FL 34432 SILVER SPRINGS FL 34488 City-State-Zip:

S/T

GORDON, CHARLES

1959 NE 7 PLACE

OCALA FL 34470

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:

Title

Name

Address

City-State-Zip:

DOCUMENT# N1300006419

Entity Name: SELECT BUSINESS ASSOCIATES OF OCALA, INC

Current Principal Place of Business:

2323 NE 18 TER OCALA, FL 34470

Current Mailing Address:

2323 NE 18 TER OCALA, FL 34470

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SNAPPY TAX, LLC 2323 NE 18 TER OCALA, FL 34470 US

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	

FILED Mar 27, 2014 Secretary of State CC9126757733

Certificate of Status Desired: No

03/27/2014 Date

Date