

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90071 048 ****61.25

DOCUMENT # 711592

1. Entity Name

OCALA POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2113
 Ocala FL 34478-2113
 US

P. O. BOX 2113
 Ocala FL 34478-2113
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1832265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUSSELL, LIZABETH
1507 NE 17TH AVE
OCALA FL 34470

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

Lizbeth Crussell

LIZABETH CRUSSELL

2/18/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CDR	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, NORMA	
STREET ADDRESS	3355 NW 68TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	LTCD	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, WALTER C	
STREET ADDRESS	3355 71 W 68 AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	LTCD	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, NORMA A	
STREET ADDRESS	3355 NW 68 AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TCD	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, WALTER C	
STREET ADDRESS	3355 NW 68TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	LTCD	<input checked="" type="checkbox"/> Delete
NAME	MCGHEE, ROBERT	
STREET ADDRESS	6969 SE 14TH CT	
CITY-ST-ZIP	OCALA FL 34480-6685	
TITLE	LTCD	<input type="checkbox"/> Delete
NAME	CRUSSELL, LIZABETH L	
STREET ADDRESS	1507 NE 17TH AVE	
CITY-ST-ZIP	OCALA FL 34482 34470	

TITLE	CDR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, ROBERT	
STREET ADDRESS	6969 SE 14TH CT	
CITY-ST-ZIP	OCALA, FL 34480-6685	
TITLE	LTCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENT, LINDA	
STREET ADDRESS	11001 SE SUNSET HARBOR RD.	
CITY-ST-ZIP	SUMMERFIELD, FL 34491-7669	
TITLE	LTCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMANN, SUZANNE	
STREET ADDRESS	4539 NE 6TH ST.	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	LTCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSSELL, LIZABETH	
STREET ADDRESS	1507 NE 17TH AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lizbeth Crussell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIZABETH CRUSSELL

Date

Daytime Phone #

2/18/02 (352)
622-7538

CR2E037 (9/01)