

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 711592

FILED
Apr 18, 2003
Secretary of State

Entity Name: OCALA POWER SQUADRON, INC.

Current Principal Place of Business:

P. O. BOX 2113
OCALA, FL 344782113 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2113
OCALA, FL 344782113 US

New Mailing Address:

FEI Number: 59-1832265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUSSELL, LIZABETH
1507 NE 17TH AVE
OCALA, FL 34470

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDR () Delete
Name: MCGEE, ROBERT
Address: 6969 SE 14TH CT
City-St-Zip: PALM BEACH, FL 334806685

Title: LTCD () Delete
Name: TRENT, LINDA
Address: 11001 SE SUNSET HARBOR RD
City-St-Zip: SUMMERFIELD, FL 344917669

Title: LTCD () Delete
Name: FIELDS, NORMA A
Address: 4539 NE 6TH ST
City-St-Zip: OCALA, FL 34470

Title: LTCD () Delete
Name: CRUSSELL, LIZABETH
Address: 1507 NE 17TH AVE
City-St-Zip: OCALA, FL 34470

Title: LTCD () Delete
Name: MCGHEE, ROBERT
Address: 6969 SE 14TH CT
City-St-Zip: OCALA, FL 344806685

Title: LTCD (X) Delete
Name: CRUSSELL, LIZABETH L
Address: 1507 NE 17TH AVE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDR (X) Change () Addition
Name: LINDA, TRENT CDR
Address: 12162 SE 60TH AVE. RD
City-St-Zip: BELLEVIEW, FL 34420 US

Title: EXEC (X) Change () Addition
Name: BOBERT, MCGHEE LT/C
Address: 6969 SE 14TH CT
City-St-Zip: OCALA, FL 34480 US

Title: E/O (X) Change () Addition
Name: BARBARA, MCGHEE LT/C
Address: 6969 SE 14TH CT
City-St-Zip: OCALA, FL 34480 US

Title: AD/O (X) Change () Addition
Name: GREENHALGH, JAMES P/C
Address: 3017 SW 34TH TERRACE
City-St-Zip: OCALA, FL 34474 US

Title: TREA (X) Change () Addition
Name: FRANK, STAPLEFORD LT/C
Address: 9527 SE 165TH LANE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANK STAPLEFORD

TRES

04/18/2003

Electronic Signature of Signing Officer or Director

Date