**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2002 8:00 ams Secretary of State **DOCUMENT #** G06518 1. Entity Name SISCO INSTITUTIONAL - INDUSTRIAL SALES INC. 05-10-2002 90062 044 \*\*\*150.00 Principal Place of Business Mailing Address 1811-A NW PINE AVE 1811-A NW PINE AVE OCALA FL 34475 OCALA FL 34475 Principal Place of Business 3. Mailing Address lves Springs Blyd DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 59-2241517 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1/5/ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEELE, MRS. DIANN S. Street Address (P.O. Box Number is Not Acceptable) 4701 NE 21ST CT . OCALA FL 34479 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE CR2E034 (9/01) ☐ Addition NAME STEELE, MRS DIANN S NAME STREET ADDRESS 719 SE TUSCAWINA Ave 4701 N E 21ST CT STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P-CITY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 (352)236