

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90073 031 ***158.75

DOCUMENT # H37629

1. Entity Name
SPRINGTOWN CORP.



Principal Place of Business
**107 NE 1ST AVE.
OCALA FL 34470**

Mailing Address
**107 NE 1ST AVE.
OCALA FL 34470**

2. Principal Place of Business
200 NE 61ST TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

4. FEI Number **52-0001876**

Applied For

Not Applicable

Zip
34470

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRANO, GLENDA
23355 E. HWY 314
SALT SPRINGS FL 32134**

Name

Street Address (P.O. Box Number is Not Acceptable)

200 NE 61ST TERR

City
OCALA

FL

Zip Code
34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P STRANO, GLENDA**
STREET ADDRESS **23355 E. HWY 314**
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO BOX 837**
CITY-ST-ZIP **SILVER SPRINGS FL 34489-0837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 607, 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: Glenda Strano **Glenda Strano 1/24/03 (352) 438-5490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)