

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90060 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H96475			
1. Entity Name M & R DEVELOPERS OF OCALA, INC.			
Principal Place of Business M & R DEVELOPERS 8720 SW HWY 200 STE#5 OCALA FL 34476 US		Mailing Address 8720 SW HWY 200 DILLEN PLAZA, SUITE 5 OCALA FL 34476 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3009873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZO, VICTOR 10694 SW 67 AVE OCALA FL 34476		7. Name and Address of New Registered Agent Name VICTOR RIZZO Street Address (P.O. Box Number is Not Acceptable) 10442 S.W. 52 CT. City OCALA FL Zip Code 34474	
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 <u><i>VICTOR RIZZO</i></u> DATE <u>1-5-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PVS	<input type="checkbox"/> Delete	
NAME	RIZZO, VICTOR		
STREET ADDRESS	10694 SW 67 AVE		
CITY-ST-ZIP	OCALA FL		
TITLE	S	<input type="checkbox"/> Delete	
NAME	RIZZO, VICTOR		
STREET ADDRESS	10694 S. W. 67TH AVENUE		
CITY-ST-ZIP	OCALA FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICTOR RIZZO		
STREET ADDRESS	10442 S.W. 52 CT.		
CITY-ST-ZIP	OCALA, FL 34474		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICTOR RIZZO		
STREET ADDRESS	10442 S.W. 52 CT.		
CITY-ST-ZIP	OCALA, FL 34474		
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			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>VICTOR RIZZO</i></u>		Date <u>1-5-01</u> Daytime Phone # <u>352 237-3335</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)