

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90108 020 \*\*\*150.00

**DOCUMENT # J24681**

1. Entity Name

FIRST OCALA INVESTMENT CORP.



Principal Place of Business

4778 HALIFAX DR  
PORT ORANGE FL 32127

Mailing Address

4778 HALIFAX DR  
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2701981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUENDIG, DAVID E.  
4778 HALIFAX DR  
PT ORANGE FL 32127

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. 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 ST  
STREET ADDRESS KUENDIG, MARY LOUISE  
CITY-ST-ZIP 4778 HALIFAX DR  
PORT ORANGE FL 32127

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS NYBERG, MYRA  
CITY-ST-ZIP 3924 N JANSSEN  
CHICAGO IL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS FLANAGAN, KATHLEEN  
CITY-ST-ZIP 52 MOORELAND ROAD  
SCITUATE MA

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS KUENDIG, DAVID  
CITY-ST-ZIP 4778 HALIFAX DR  
PORT ORANGE FL 32127

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS NYBERG, ANDERS  
CITY-ST-ZIP 3924 N JANSSEN  
CHICAGO IL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS SCHUCARD, PETER  
CITY-ST-ZIP 17 RIVERS EDGE RD  
HULL MA 02045

TITLE ☒ Change ☐ Addition  
NAME V  
STREET ADDRESS schucard, Peter  
CITY-ST-ZIP 2043 Tocobaga La  
Nikomas FL 34275

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:

*Mary Louise Kuendig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

386 3049320

Daytime Phone #

CR2E034 (10/02)