## 2001 UNIFORM BUSINESS REPORT (ŪBR) **FILED** Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # K72835** 1. Entity Name OCALA SALES COMPANY 4-19-2001 90321 035 \*\*\*150.00 Principal Place of Business Mailing Address 912 NW 7TH ST 912 NW 7TH ST WILLISTON FL 32696 WILLISTON FL 32696 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2944475 Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKSTON, CARL Street Address (P.O. Box Number is Not Acceptable) 912 NW 7TH ST WILLISTON FL 32696 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Defete ☐ Change TiTi,E TITLE PINKSTON, CARL NAME NAME STREET ADDRESS 912 N.W. 7TH STREET STREET ADDRESS WILLISTON FL CITY-ST-7IP CITY-ST-ZIP ☐ Chacge TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Change Addition Addition TITLE ☐ Delete NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME

Make Check Payable to Department of State

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 am address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(See criteria on back)

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Zip Code

\$5.00 May Be

Added to Fees

DATE

Trust Fund Contribution.

Fee Required

Not Applicable