

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90132 036 \*\*\*150.00

**DOCUMENT # K88401**

1. Entity Name  
**BUSINESS COMPUTER CONSULTANTS OF OCALA, INC.**



Principal Place of Business  
**2918 N.E. 17 TERR  
OCALA FL 34479**

Mailing Address  
**2918 N.E. 17 TERR  
OCALA FL 34479**

2. Principal Place of Business  
**3930 N.E. 8 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**3930 N.E. 8 Street**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
4. FEI Number **59-2947079**  
Applied For  
Not Applicable

Zip **34470** Country  
Zip **34470** Country  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BURGESS, DANIEL T.  
2918 NE 17 TERR  
OCALA FL 34479**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3930 N.E. 8 Street**  
City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BURGESS, DANIEL T.</b>		NAME	<b>3930 N.E. 8 Street</b>	
STREET ADDRESS	<b>2918 N.E. 17 TERR</b>		STREET ADDRESS	<b>34470</b>	
CITY-ST-ZIP	<b>OCALA FL</b>		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BURGESS, SUZANNE E.</b>		NAME	<b>3930 N.E. 8 Street</b>	
STREET ADDRESS	<b>2918 N.E. 17 TERR</b>		STREET ADDRESS	<b>34470</b>	
CITY-ST-ZIP	<b>OCALA FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SCOTT BURGESS** **REQUESTED BURGESS** **4-9-03** **352-629-6168**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)