

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90135 033 ***150.00

DOCUMENT # L45388

1. Entity Name

GREEN, KASTER & FALVEY, P.A.



Principal Place of Business

**125 NE FIRST AVE
OCALA FL 34470
US**

Mailing Address

**P. O. BOX 2720
OCALA FL 34478-2720
US**

20027304



2. Principal Place of Business

3. Mailing Address

125 NE First Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

Ocala, FL

4. FEI Number

59-2983690

Applied For

Not Applicable

Zip

Country

Zip

Country

34470

Marion

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

**FALVEY, CAROL A.
125 NE FIRST AVE
OCALA FL 32670**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D GREEN, JOHN M. JR 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D KASTER, BRUCE R. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D FALVEY, CAROL A. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D GREEN, JOHN M. JR 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D KASTER, BRUCE R. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D FALVEY, CAROL A. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D GREEN, JOHN M. JR 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D KASTER, BRUCE R. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
D FALVEY, CAROL A. 125 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carol A. Falvey **Carol A. Falvey**

3/19/03

352-732-9252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)