## 2001 UNIFORM RUSINESS REPORT (URR)

Zip Country Zip Country 5. Certificate of Status Dealerd \$5.00 Addition Fee Required  6. Name and Address of Country T. Name and Address of New Registered Agent T. Name and Address (P.O. Box Number is Net Acceptable)  Street Address (P.O. Box Number is Net Acceptable)  FLE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  STREET ADDRESS STREET ADDRE	200	1 01(11 011111 DOG			(0011)	٦					
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OCALA FL 34471  OCALA FL 34471  2. Principal Place of Business  Suito, Apt. #, etc.  Suito, Apt. #, etc.  Suito, Apt. #, etc.  City & States  A. FEI Number  59-3562884  Application  Not Agree  Application of Status Desired  \$5.00 Adodor  Fee Required  7. Name and Address of New Registered Agent  Name  Situest Address (F.O. Box Number is Not Acceptable)  Situest Address (F.O. Box Number is Not Acceptable)  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 Fiorida.  SIGNATURE  Granton, Topical of princip during an entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  FILE NOW!!! FEE IS SSO.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  MARE  MARE  SIGNATURE  Granton, Topical of princip during an entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  FILE NOW!!! FEE IS SSO.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  MARE  MARE  MARE  MARE  MARE  SIGNATORS  OCALA FL 34471  Detels  MARE  SIGNATORS  OCALA FL 34471  Detels  MARE  SIGNATORS  OCALA FL 34471  Detels  MARE  SIGNATORS  OCALA FL 34471  Change  C	Principal Plac	ce of Business			·						
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City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name  SHUTES, RICHARD W  1190 S.E. 17TH STREET  OCALA FL 34471  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.  SIGNATURE  Typichum typed or primed name of registered agent and this 3 equilibries  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS MEMBERS  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  THE NAME  SIRET ADDRESS  THE NAME  THE NAM	2. Principal P	Place of Business	3. Mailing Address			-					
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11. 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 informindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of timited liability company or the receiver or trustee empowered to exequte this report as required by Chapter 608, Florida Statutes.	11. I hereby c indicated	on this report is true and accurate and t	hat my signature shall have	or the exem the same report as r	nption stated in S legal effect as if required by Chap	made under	oath; that I am a managi	further certif ng member	y that the ir or manage	nformation or of the	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Description Proce #	SIGNAT		SIGNING MANAGINA MEMBER MA		Stlu Tes					868	