

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90121 038 ***150.00

DOCUMENT # M87791

1. Entity Name
AUTO RANCH OCALA, INC.



Principal Place of Business

% JANE S. POTTER
1707 S.W. 7TH AVE.
OCALA FL 34474

Mailing Address

% JANE S. POTTER
1707 S.W. 7TH AVE.
OCALA FL 34474

2. Principal Place of Business

1719 SW 7th AVE

3. Mailing Address

1719 SW 7th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala FL

Zip

Country

34474

Marion

Zip

Country

34474

Marion

6. Name and Address of Current Registered Agent

POTTER, JANE S.
1707 S.W. 7TH AVE.
OCALA FL 32674

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1719 SW 7th AVE

City

Ocala

FL

Zip Code

34474

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

Jane Potter
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

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

TITLE **STD** ☐ Delete
NAME **POTTER, DONOVAN L.**
STREET ADDRESS **2740 S.W. 7TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **PD** ☐ Delete
NAME **POTTER, JANE S.**
STREET ADDRESS **2740 S.W. 7TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jane Potter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 351-4923

CR2E034 (10/02)