

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90065 050 ****61.25

DOCUMENT # N25600

1. Entity Name

OCALA HEXAPORT, INC.

Principal Place of Business

Mailing Address

7 E SILVER SPRGS BLVD #208
 Ocala FL 34470
 US

7 E SILVER SPRGS BLVD #208
 Ocala FL 34470
 US

wrong address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2000 SW 60th Avenue
 Suite, Apt. #, etc.

P.O. Box 6908
 Suite, Apt. #, etc.

City & State
 Ocala, Florida

City & State
 Ocala, Florida

4. FEI Number

59-2933946

Applied For

Not Applicable

Zip
 34474

Country
 USA

Zip
 34478

Country
 USA

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

TROW, CHESTER J.
125 NORTHEAST FIRST AVENUE, SUITE 2
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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD APPLEBY, HUGH T**
 STREET ADDRESS **10890 SE 72ND TERRACE**
 CITY-ST-ZIP **BELLEVIEW FL**

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

TITLE ☐ Delete
 NAME **D VILLELLA, THOMAS L**
 STREET ADDRESS **1203 SW ST STE 7**
 CITY-ST-ZIP **OCALA FL 34474**

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

TITLE ☐ Delete
 NAME **D ZURAWSKI, JOSEPH**
 STREET ADDRESS **P.O BOX 1255 N/A**
 CITY-ST-ZIP **ANTHONY FL**

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

TITLE ☐ Delete
 NAME **D VANVOORHEES, R.C.**
 STREET ADDRESS **8520 NW 63RD ST**
 CITY-ST-ZIP **OCALA FL**

TITLE ☒ Change ☐ Addition
 NAME **STD R.C. Van voorhees**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **STD LAUFF, SAMUEL JR**
 STREET ADDRESS **P O BOX 2754 N/A**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☒ Addition
 NAME **D Walter J. Driggers**
 STREET ADDRESS **1619 SE Fifth Street**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
 NAME **VD DEATON, JOHN S**
 STREET ADDRESS **2130 SW 37TH ST RD**
 CITY-ST-ZIP **OCALA FL 34474**

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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 (352) 745-8304

CR2E037 (9/01)