2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

2. Principal Place of Business

WIECHENS, EUGENE A

445 N.E. 8TH AVENUE **OCALA FL 34470**

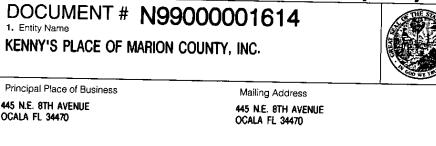
Suite, Apt. #, etc.

City & State

Country

6. Name and Address of Current Registered Agent

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



3. Mailing Address

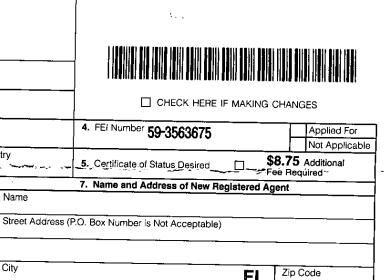
City & State

Zip

Suite, Apt. #, etc.



01-17-2003 90115 027 ****61.25



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. the obligations of registered agent.	I am famil	liar with, and accep
SIL	CNATURE		

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE	NOW:	FFF	ıs	\$61	25

9. Election Campaign Financing

\$5,00 May Be

Make Check Payable to

DATE

		Trust Fund Cor	ntribution.		Added to Fees	Florida Department of State
-10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			S TO OFFICERS AND DIRECTORS W.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D WIECHENS, LEO A 445 N.E. 8TH AVENUE OCALA FL 34470 D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	WIECHENS, CHRISTOPHER S 445 N.E. 8TH AVENUE OCALA FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and and all the same of the sa	☐ Change ☐ Addition
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SIGNATURE:

A.WIECHENS

352-627 -3214

^{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 changed, or on an attachment with an address, with all other like empowered.