

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016685

1. Entity Name  
INDEPENDENCE INC. OF CENTRAL FLORIDA

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90147 034 \*\*\*150.00

Principal Place of Business

1736 LOWRY AVENUE  
LAKELAND FL 33801

Mailing Address

1736 LOWRY AVENUE  
LAKELAND FL 33801

2. Principal Place of Business

1920 E. Edgewood Dr #C7  
Suite, Apt. #, etc.

3. Mailing Address

1920 E. Edgewood Dr #C7  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3630369

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

W. JAY JUDY  
1736 LOWRY AVENUE  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

W. Jay Judy

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

1920 E. Edgewood Dr #C7

City

Lakeland

FL

Zip Code

33803

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

*William Judy*

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

(NOTE: Registered Agent signature required when reinstating)

3/20/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS W. JAY JUDY  
CITY-ST-ZIP 1736 LOWRY AVENUE  
LAKELAND FL 33801

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME W. Jay Judy  
STREET ADDRESS 1920 E. Edgewood Dr #C7  
CITY-ST-ZIP Lakeland FL 33803

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Judy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

823-682-7111

Daytime Phone #

CR2E034 (10/00)