2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90908 043 ***150.00

1. Entity Nam		0026323					
Principal Place 5353 SW COL OCALA FL 344	LEGE RD.	Mailing Address 5353 SW COLLEGE RD. OCALA FL 34474	COLLEGE RD.				
2. Principal Place of Business		3. Mailing Address) (9 1110 1 0 111)))	{B { [
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number	AU-Ch Challe		ied For Applicable
Zip _ Country		Zip ·	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6 Name and Address of Current F	legistered Agent	====Name==		reas of New Registered A	gent	ر د - حاسبسیده
	, J. RANDALL College RD. . 34474			ess (P.O. Box Number is I	Not Acceptable)		
		City			FL	Zip Code	
the obligation of the state of	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		registered office or E: Registered Agent signatur	quired when reinstating)	DATE Campaign Financing	\$5.00	May Be
	k Payable to Florida Department of				and Contribution.	Added to	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DV FRIES, THEODORE S 5465 NE 1ST LN. OCALA FL 34470	DIRECTORS Delate	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHA	NGES TO OFFICERS AND		N 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANIOLI	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 4	Addition
TITLE		Delete Delete	TITLE	ECRETARY /	DIRECTOR YNTHIA-LEIS	Change *** [Addition
STREET ADDRESS CITY-ST-ZEP			STREET ADDRESS	353 SW CO	UNTHIA-LEIG LIESE Rd L 34474	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Addition .
	certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, w	this filing does not qualify for true and accurate and that r wered to execute this report in all other like empowered.	r the exemption state ny signature shall ha as required by Chap	in Section 119.07(3)(i), Fk the same legal effect as I 607, Florida Statutes; an	orida Statutes. I further cert f made under oath; that I a d that my name appears in	ify that the info man officer or Block 10 or Bi	rmation ' director lock 11 if