

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90035 002 \*\*\*150.00

**DOCUMENT # P00000038430**

1. Entity Name  
**OCALA VIDEO EXPRESS, INC.**

Principal Place of Business Mailing Address  
**40150 ORANGE CIRCLE 40150 ORANGE CIRCLE**  
**LADY LAKE FL 32159 LADY LAKE FL 32159**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**4967 NW Hwy 27 4967 NW Hwy 27**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Ocala, FL Ocala, FL**  
 Zip Country Zip Country  
**34482 Marion 34482 Marion**

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAVAGE, BARBARA D**  
**40150 ORANGE CIRCLE**  
**LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name **Barbara Savage**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40150 Orange Cir.**  
 City **Lady Lake** FL Zip Code **32159**

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 **Barbara D. Savage** **Barbara D. Savage**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SAVAGE, BARBARA D</b>
STREET ADDRESS	<b>40150 ORANGE CIRCLE</b>
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Barbara Diane Savage** **4/28/01 (382) 401-9600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)