

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038444

1. Entity Name  
DIVISION 10 INSTALLATION & SALES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 21 AM 11:49

Principal Place of Business  
~~1000 MONTECALA RD~~  
~~LEESBURG FL 33408~~  
1015 NE 32ND TOR  
Ocala FL 34470

Mailing Address  
~~2000 MONTECALA RD~~  
~~LEESBURG FL 33408~~  
P.O. BOX 4618  
Ocala FL 34478-7800



2. Principal Place of Business  
1015 NE FL 34470  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

03

City & State  
Ocala, FL

City & State

4. FEI Number 59-3646706

Applied For  
☒ Not Applicable

Zip  
34470

Country  
USA

Zip

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

~~SPANGLER, BRENDA~~  
~~821 CAMINO DEL REY DR~~  
~~LADY LAKE FL 32159~~

Name: FREEMAN JR., CARLTON R.

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

1015 NE 32ND TERRACE

City  
OCALA

FL

Zip Code  
34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/18/03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SPANGLER, BRENDA  
821 CAMINO DEL REY DR  
LADY LAKE FL 32159

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
FREEMAN JR., CARLTON R.  
1015 NE 32ND TOR  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SPANGLER, GENE  
821 CAMINO DEL REY DR  
LADY LAKE FL 32159

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SONJA C. FREEMAN  
1015 NE 32ND TOR  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SPANGLER, BRENDA  
821 CAMINO DEL REY DRIVE  
LADY LAKE FL 32159

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SONJA C. FREEMAN  
1015 NE 32ND TERRACE  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SONJA E. FREEMAN  
1015 32ND TERRACE  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300014901813  
03/28/03--01018--004 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 607, 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLTON R. FREEMAN JR. PRESIDENT

Date

Daytime Phone #

CR2E034 (10/02)