## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am DOCUMENT # P00000077164 Secretary of State 1. Entity Name 01-28-2002 90047 043 \*\*\*150 00 USEDHO.COM, INC. Principal Place of Business Mailing Address FIVE FIR TRAIL PLACE 4440 SE 53RD AVE OCALA FL 34472 SUITE 3 OCALA FL 34480 3. Mailing Address Principal Place of Business 1-ir 1/ral Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-1038932 Not Applicable Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLASURE, DANIEL L Street Address (P.O. Box Number is Not Acceptable) FIVE FIR TRAIL PLACE **OCALA FL 34472** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME GLASURE, CARL L STREET ADDRESS STREET ADDRESS **6 FIR TRAIL PLACE** CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 President, Treasurer + VP. - Change ☐ Delete TITLE NAME NAME GLASURE, DAN Day 6/45ure. STREET ADDRESS STREET ADDRESS **6 FIR TRAIL PLACE** CITY-ST-ZIP CITY-ST-7IP OCALA FL 34472 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

E: JOHN GLASE DESTUIRED VIO/02 352-680-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #