

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096732

1. Entity Name

OPERATOR'S CHOICE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90197 038 ***150.00

0430525

Principal Place of Business 13312 DEBBIE LANE CLERMONT FL 34711	Mailing Address 13312 DEBBIE LANE CLERMONT FL 34711
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2. Principal Place of Business	3. Mailing Address P.O. Box 273
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Minneapolis, FL	City & State Minneapolis, FL
Zip 34175	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3677301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, LINDA M 13312 DEBBIE LANE CLERMONT FL 34711	7. Name and Address of New Registered Agent Operator's Choice Inc 13312 Debbie Ln Clermont FL 34711
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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 _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALL, LINDA M 13312 DEBBIE LANE CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, LINDA T 13312 DEBBIE LANE CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda M. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

Daytime Phone #

CR2E034 (10/00)

Attachment
P00000096732
746213

copy

ARTICLE VII

Initial Board of Directors. This corporation shall have two (2) directors initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1). The names and addresses of the initial directors of this corporation are:

NAME	ADDRESS
Linda M. Hall, President Secretary/Treasurer	13312 Debbie Lane Clermont, Fl. 34711
Larry T. Hall, Sr. V-Pres.	13312 Debbie Lane Clermont, Fl. 34711

Attachment

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746213

Operators Choice
13312 Debbie Ln.
Clermont, Fl. 34711

mailing Add. :
Sent in Mail

FEIN: 59-3677301

Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, Fl. 32399-0100

Operators Choice has changed their mailing address to:

Operators Choice
P.O. Box 273
Minneola, Fl. 34755-0273

Sincerely,
Linda M. Hall
03/28/01

COPY