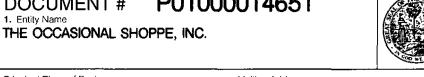
## **FILED**

04-21-2003 90350 025 \*\*\*150.00

UNIFORM	<b>BUSINESS</b>	REPORT	(U
OCHMENT #	D0100001	1651	



Principal Place of Business 507 SE FORTKING ST OCALA FL 34471	Mailing Address 507 SE FORTKING ST OCALA FL 34471	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
City & State	City & State	

☐ CHECK HERE IF MAKING CHANGES

City & State  Zip Country		City & State	City & State		4. FEI Number 59-3707363	Applied For	
		Zip	Coun	try	5. Certificate of Status Desired	Not Applicable  75 Additional Required	
6. Nam	e and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered Age	nt	
HAINES, TIM 125 NORTHEAST FI	rst avenue			Name Street Addres	ss (P.O. Box Number is Not Acceptable)		

HAINES, IIM	
125 NORTHEAST F	RST AVENUE
SUITE 1	
OCALA FL 34478	
–	

00413 51 01470		***************************************			
OCALA FL 34478	• • • • • • • • • • • • • • • • • • •	City	Zip Code		
			· -		
8. The above named entity	submits this statement for the purpose of changing its regis	ered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept		

the obliga	itions of re	gistered agent						
, ,	. P							
SIGNATURE					<u> </u>			
	Signature; ty	ped or printed name	e of registered agent and title if app	dicable.	(NOTE: Registered Agent signature required	d when reinstating)	DATE	

٩	FILE	NOW!!!	FEE	IS	\$150.00	
A	fter Ma	y 1, 2003	Fee v	Nill	be \$550.00	
Make Ch	eck Pa	vable to F	Florid:	a D	enartment of	State

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00	Мау Ве
Added to	Fees

Make Check	Payable to Florida Department of State						
10.	OFFICERS AND DIRECTORS		11.	ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D King, Judith E 507 Se fortking st Ocala Fl 3447] - (	☐ 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-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-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

12. 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.

