

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0017363 AV

DOCUMENT # P01000048156

1. Entity Name

N.W. BUILDERS OF OCALA, INC.



Principal Place of Business

5 CORONA CT
PALM COAST FL 32137

Mailing Address

138 PALMCOAST PKWY NE 332
PALM COAST FL 32137

2. Principal Place of Business

4271 W HWY 40
Suite, Apt. #, etc.

3. Mailing Address

4271 W HWY 40
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3717118

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'REILLY, LAWRENCE P
5 CORONA CT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: GEORGE DEBENEDICTY
Street Address (P.O. Box Number is Not Acceptable): 4271 W HWY 40
City: OCALA FL Zip Code: 34482

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: GEORGE DEBENEDICTY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	O'REILLY, LAWRENCE	
STREET ADDRESS	5 CORONA CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	NS PRESIDENT	<input type="checkbox"/> Delete
NAME	DEBENEDICTY, GEROGE	
STREET ADDRESS	4421 NW BLIGHTON RD #350	
CITY-ST-ZIP	OCALA FL 34482	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE DEBENEDICTY	
STREET ADDRESS	4271 W HWY 40	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER SZUNYOGH	
STREET ADDRESS	4271 W HWY 40	
CITY-ST-ZIP	OCALA, FL 34482	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF GEORGE DEBENEDICTY 4/28/03 352-629-550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)