

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
**SOUTH PINE BUSINESS CENTER, INC.**



Mailing Address  
707 NE 25TH AVE  
OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3739758

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEYLER, EDWARD K  
707 NE 25TH AVE  
OCALA, FL 34470

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

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

Registered Agent signature required when reinstating?

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000449764  
03/09/06-80068-005 150.00

10. OFFICERS AND DIRECTORS

|                |                 |
|----------------|-----------------|
| TITLE          | OP              |
| NAME           | HAMPY, DARRYL   |
| STREET ADDRESS | 707 NE 25TH AVE |
| CITY- ST- ZIP  | OCALA, FL 34470 |

|                |                 |
|----------------|-----------------|
| TITLE          | DV              |
| NAME           | HARDIN, BOBBY   |
| STREET ADDRESS | 707 NE 25TH AVE |
| CITY-ST-ZIP    | OCALA, FL 34470 |

|                |                  |
|----------------|------------------|
| TITLE          | DST              |
| NAME           | SEYLER, E. KEITH |
| STREET ADDRESS | 707 NE 25TH AVE  |
| CITY-ST-ZIP    | OCALA, FL 34470  |

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not contain any false or misleading information, and that the information indicated on this report or supplemental report is true and accurate as of the date of the filing of this report or supplemental report, and that the information of the corporation or the receiver or trustee empowered to execute (file, change, or on an attachment to) an address, with all other like information, is true and accurate as of the date of the filing of this report or supplemental report.

or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

**FOR DIRECTOR**

Date \_\_\_\_\_

Daytime Phone #