

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90161 015 ***150.00

DOCUMENT # P01000115910

1. Entity Name
ADVANCED INVESTIGATIONS OF OCALA, INC.

Principal Place of Business
108 N MAGNOLIA AVENUE
SUITE #700
OCALA FL 34475

Mailing Address
4111 N E 18TH AVENUE
OCALA FL 34479



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRO, HENRY G
108 N MAGNOLIA AVENUE
SUITE #700
OCALA FL 34475

Name **DAVID M. CIZMADIA**
 Street Address (P.O. Box Number is Not Acceptable) **108 N MAGNOLIA AVENUE**
SUITE #700
 City **OCALA** FL Zip Code **34475**

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 **DAVID M. CIZMADIA** *OWNER / President* **4-19-2002**
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIZMADIA, DAVID M 4111 N E 18TH AVENUE OCALA FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DAVID M. CIZMADIA** **4-19-2002** **352-369-9888**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)