

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90061 029 ***150.00

DOCUMENT # P02000005207

1. Entity Name
OCALA COMPUTER CONSULTING INC.



Principal Place of Business
**7 E SILVER SPRINGS BLVD
SUITE #103
OCALA FL 34470**

Mailing Address
**7 E SILVER SPRINGS BLVD
SUITE #103
OCALA FL 34470**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0380536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ROBERT
1627-B E SILVER SPRINGS BLVD
OCALA FL 34470**

Name **Robert Clark**

Street Address (P.O. Box Number is Not Acceptable)

18 Hemlock Radial Loop

City **Ocala**

FL

Zip Code **34472**

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

(NOTE: Registered Agent signature required when reinstating)

1-27-03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RIOLA, BOB**
STREET ADDRESS **3420 SE 3RD ST**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLARK, ROBERT**
STREET ADDRESS **5001 SW 20TH ST #3408**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert Clark**
STREET ADDRESS **18 Hemlock Radial Loop**
CITY-ST-ZIP **Ocala, FL 34472**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, JOE**
STREET ADDRESS **5001 SW 20TH ST #3408**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Change ☐ Addition
NAME **Joe Fernandez**
STREET ADDRESS **2401 SE 5th Cir #3**
CITY-ST-ZIP **Ocala, FL 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

Date

352-840-0173

Daytime Phone #

CR2E034 (10/02)