

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008927

1. Entity Name

Building Blocks of Ocala East, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 17 PM 2:28

Principal Place of Business

8274 Coconut Blvd.
West Palm Beach,
FL 33412

Mailing Address

8274 Coconut Blvd.
West Palm Beach,
FL 33412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1417898

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alan T. Strickland
8274 Coconut Blvd.
West Palm Beach, FL 33412

Name

Street Address

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when certifying)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Alan T. Strickland
STREET ADDRESS 8274 Coconut Blvd.
CITY-STATE-ZIP West Palm Beach, FL 33412☒ DeleteTITLE President
NAME Rhonda Strickland
STREET ADDRESS 8274 Coconut Blvd.
CITY-STATE-ZIP West Palm Beach, FL 33412☐ Change☒ AdditionTITLE Secretary
NAME Alan T. Strickland
STREET ADDRESS 8274 Coconut Blvd.
CITY-STATE-ZIP West Palm Beach, FL 33412☒ DeleteTITLE Secretary
NAME Rhonda Strickland
STREET ADDRESS 8274 Coconut Blvd.
CITY-STATE-ZIP West Palm Beach, FL 33412☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
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CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ Addition400005971344-2
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(f), 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:

Rhonda Strickland Rhonda Strickland

6/17/02

561 753-8715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone