AMENDED FOR PROFIT CORPORA UNIFORM BUSINESS REPORT (UBR)/

08-11-2003 90286 025 ****70.00 P02000008927

DOCUMENT # P02000008927 1. Entity Name				03 AUG 15 PM 12: 35	
Building Blacks of Ocala East, Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3731 N. E. 7 th St. Suite, Apt. #, etc. 3. Mailing Address 4991 S. E. 44 th Au Suite, Apt. #, etc.			1 th Ave. Rd.	DO NOT WRITE IN THIS	SPACE
City & Stat	1 1	City & State	-	4. FEI Number 37-1417898	Applied For Not Applicable
34471	Country	34480	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registere	d Agent
Name				- T- Star bland	
DO NOT WRITE Street Address (F				P.O. Box Number is Not Acceptable)	
IN THIS SPACE			<u> </u>		
		AUL .	: 4991 S	E. 44th Ave. Rd.	
			City	FL	Za Gode Co
		the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida. I am	lamiliar with, and accept
the obligat	tions of registered agent.				
i a a un en inc					
	. Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature required	when remistering) DATE	
Jai	Schalure, yord or printed name of registered agent as mulary (1 - May) 1 Fee its \$150.00 After May 1; Fee its \$550.00; Amended UBR its \$61,25 Payable to Florids Department of	,	Registered Agent signature required	DATE DATE DETERMINE TRUST Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Jai	muary 1; May; 1; Fee lis: \$150.00; After May 1; Fee lis: \$550.00; Amended UBR 1s: \$81,25	State.	Andrew St. March St. Williams	9. Election Campaign Financing	
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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 on an attrachment with an address, with all other like empowered.

SIGNATURE:

8-6-03 (561)723-8713
Dayline Phone *