

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000053957

FILED
Apr 23, 2003
Secretary of State

Entity Name: CERTIFIED SLINGS OF OCALA, INC.

Current Principal Place of Business:

310 MELODY LANE
CASSELBERRY, FL 327073263

New Principal Place of Business:

930 NW 27TH AVE
OCALA, FL 34475

Current Mailing Address:

310 MELODY LANE
CASSELBERRY, FL 327073263

New Mailing Address:

P.O. BOX 180127
CASSELBERRY, FL 327180127

FEI Number: 27-0013352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORSWICK, DENNIS E
310 MELODY LANE
CASSELBERRY, FL 327073263

Name and Address of New Registered Agent:

WORSWICK, DENNIS E
1881 BLUE RIDGE ROAD
WINTER PARK, FL 32789

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:

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WORSWICK, RONALD J
Address: 310 MELODY LANE
City-St-Zip: CASSELBERRY, FL 327073263

Title: D () Delete
Name: WORSWICK, DENNIS E
Address: 310 MELODY LANE
City-St-Zip: CASSELBERRY, FL 327073263

Title: D () Delete
Name: WORSWICK, DOUGLAS J
Address: 310 MELODY LANE
City-St-Zip: CASSELBERRY, FL 327073263

Title: D () Delete
Name: WORSWICK, NICOLE R
Address: 310 MELODY LANE
City-St-Zip: CASSELBERRY, FL 327073263

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WORSWICK, RONALD J
Address: 1212 N PARK AVE
City-St-Zip: WINTER PARK, FL 32790

Title: VD (X) Change () Addition
Name: WORSWICK, DENNIS E
Address: 1881 BLUE RIDGE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: VD (X) Change () Addition
Name: WORSWICK, DOUGLAS J
Address: 1625 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: VD (X) Change () Addition
Name: WILLIAMS, NICOLE R
Address: 4430 CLEAR RIVER CT
City-St-Zip: ORLANDO, FL 32817

Title: ST () Change (X) Addition
Name: GAHNZ, CONNIE B
Address: 1025 PINE SHADOW DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE B. GAHNZ

ST

04/23/2003

Electronic Signature of Signing Officer or Director

Date