2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

P02000055278



FILED Mar 19, 2003 8:00 am Secretary of State

TITLE MAME STREET ADDRESS STREET ADR	1. Entity N. OCALA'	ame S PREMIER KITCHE	INS & BATHS,	INC.					03-19-2003 901	137 048 *	**158.	.75	
Suite. Apt if etc. Suite. Apt if etc. City & Suite City & Suite & Address of Real Registered Agent F. Maree and Address of New Registered Agent F. Maree an	3810 S.E. L	AKE WEIR AVENUE	381	3810 S.E. LAKE WEIR AVENUE									
City & State Country Country Country Country S. Certification of Status: District For Registrated Agent For Registrated Agent Address of New Registrated Agent For Registrated Agent Address of New Registrated Agent For Registrated Agent	2. Principal	Place of Business	3. M	ailing Address	<u> </u>								
City & State City & State City & State City & State City & State City & State Country Applicable Applicab	Suite, Ap	pt. #, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IS MAZING CUANGED					
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entily submits this statement for the purpose of changing its registered alice or registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent. 8. The above named entily submits this statement for the purpose of changing its registered alice or registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent. 8. The above named entily submits this statement for the purpose of changing ing its registered diffice or registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent. 8. The above named entily submits this statement for the purpose of changing ing its registered agent or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent. 8. The above named entily submits this statement for the purpose of changing in its registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent, or boin, in the State of Florida. I term familiar with, and accept the obligations of registered agent. 9. Flection Campaign Financing 9. Flection Campaign Financing 10. State Florida State Agent agent. 9. Flection Campaign Financing 10. State Florida Stat	City & St	ate	Cit	City & State				4. FEI Number Applied For					\exists
S. Name and Address of Current Registered Agent HICKS, DANIE. 421 SOUTH PINE AVENUE OCALA FL 34474-4175 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Cont FILE NOW If I FEE Is Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am farming with, and accept Address Special Address (P.O. Box Number is Not Acceptable) Cont FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Cont Cont Cont Cont Street Address (P.O. Box Number is Not Acceptable) Cont	Zip	Country	Zir	Zip		ry=				\$8	:75-Ad	dditional -	<u>-</u>
HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA FL 34474-4175 City FL Zip Code 8. The above named antily submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of the deligation of the deligation of Florida Davida in the college of Florida Davida in th		6. Name and Address	of Current Register	ed Agent	<u> </u>		l			Fee	equir Hequir	ed	_]
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its ingistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Doniel Hicks Sumature Don	HICKS. I			gene		Name	 _	/. NE	ame and Address of New Rec	istered Age	nt		\dashv
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Symptom, typed or prevent ware of registered agent and the if applicable. (NOTE: Registered Agent signature received where removaling) After May 1, 2003 Fee will be \$550,00 After May 1, 2003 Fee will be \$550,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE BROWN, CHARLES L STREET ADDRESS OFFISER AVENUE OCALA FL 34480 OCALA	421 SOU	JTH PINE AVENUE		Stree			Address (P.	O. Box	x Number is Not Acceptable)	 .			1
8. The above named entity submits this statement for the purpose of changing its registered office or registrored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registrated agent. Concept	OCALA F	FL 34474-4175											7
SIGNATURE DOI: 1 LICKS Synature lybed to princed name of impatisonal agent and title of applicable. (NOTE Registered Agent organizer required when remotating) DATE	8. The above	re named entity submits this	statement for the pure	ose of changing its	ropista	•		.		FL			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II BROWN, CHARLES L SIREET ADDRESS OCALA FL 34480 MAGNUSON, BRIAN E MAGNUSON, BRIA	the obliga	ations of registered agent.	statorness for the park	ose or changing its	registere	onice o	or registere	d agen	nt, or both, in the State of Florid	la. I am fami	iar with	, and accept	7
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Daniel 1 Signature, typed or printed name of r		plicable. (NOTE	Pagistarad	Agest signs			a.				
After May 1, 2003 Fee will be \$55.00 May Be Added to Florida Department of State 10.	<u>-</u>			1		Agent signa	re required w	nen reins	stating)	DATE			ł
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE WAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 Delete	Afte	er May 1, 2003 Fee will b	e \$550.00	,					9. Election Campaign Finan- Trust Fund Contribution.		\$5.0 Adde)0 May Be d to Fees	
TITLE NAME SIREET ADDRESS DITY-ST-ZIP THE NAME SIREET ADDRESS DITY-ST-ZIP Delete SIREET ADDRESS DITY-ST-ZIP DELET DELET SIREET ADDRESS DITY-ST-ZIP DELET DELET SIREET ADDRESS DELET SIREET SIREET ADDRESS DELET SIREET SI	10.	<u> </u>		100	144								1
BROWN, CHARLES I 3810 S.E. LAKE WER AVENUE OCALA FI. 34480 Delete MAGNUSON, BRIAN E 3810 S.E. LAKE WER AVENUE OCALA FI. 34480 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STR	TITLE		OLINO SILAB BILLO PO		_			ADDI	TIONS/CHANGES TO OFFICE	RS AND DIF	ECTOR	S IN 11]_
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALA FL 34480 CALA FL 3448	NAME	BROWN, CHARLES L		L Detete	li .		e e				Change	Addition	3
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALA FL 34480 CALA FL 3448	STREET ADDRESS	3810 S.E. LAKE WEIR	AVENUE			ADDRESS							0
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALA FL 34480 CALA FL 3448	CITY-ST-ZIP												18
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALA FL 34480 CALA FL 3448	TITLE	SD	·-·	M S.L.] [
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALA FL 34480 CALA FL 3448	NAME			Delete	4						Change	Addition	%
OCALA FL 34480 Delete TITLE SD Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition SM ITH , DARRELL W STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 Change Addition TITLE AME STREET ADDRESS TITLE Delete TITLE AME STREET ADDRESS TREET ADDRESS TRE	STREET ADDRESS		AVENUE			ADDOCCC							
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Change Addition Addition AME Change	CITY-ST-ZIP	OCALA FL 34480											
Delete Delete TITLE Delete Delete TITLE Delete	TITLE				_	مريد الجائية	-	· <u>.</u>	The second control of the second seco				<u> </u>
STREET ADDRESS CITY-ST-ZIP Delete	NAME	• , ,		L Delete				.	202051		Change	Addition 2	
THE AME TREET ADDRESS TITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					AUDDECC	Smi	114	, DAKKELL W	c			
TITLE AME AME AME AME AME AME AME AME AME AM	CITY-ST-ZIP						2810	26	E LAKE WEIR A	30			
AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE NAME TREET ADDRESS CITY-ST-ZIP TILE NAME TREET ADDRESS TY-ST-ZIP TLE NAME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP	TITLE				-	- 211	OCAL	-1) ,	+L 34480				
TREET ADDRESS ITY-ST-ZIP TILE AME AME TREET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP	NAME .			Li Delete							Change	☐ Addition	(
CITY-ST-ZIP CITY-ST-ZIP TITLE AME AME AME AME TREET ADDRESS TTY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TY-ST-ZIP TOTALE NAME STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TOTALE NAME STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS					LDDDTOO						1	
TITLE AME AME AME AME AME TREET ADDRESS TTY-ST-ZIP TLE AME AME AME AME AME AME AME AME AME AM	CITY-ST-ZIP											ŀ	
AME AME TREET ADDRESS TY-ST-ZIP TILE AME AME AME AME TREET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP	TITLE		-										ı
TREET ADDRESS TTY-ST-ZIP TREE TREE TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TY-ST-ZIP TOTALE NAME STREET ADDRESS TY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP	IAME			∟ Delete		}					hange	Addition	i
CITY-ST-ZIP	TREET ADDRESS					000000							
Delete	CITY-ST-ZIP					- 1							
AME AME NAME STREET ADDRESS TY-ST-ZIP Change Addition Change Addition CHANGE STREET ADDRESS CITY-ST-ZIP	ITLE .	·			 	·ZIP							
REET ADDRESS TY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	AME			☐ Delete		l					hange	☐ Addition	
TY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS										-		
	ITY-ST-ZIP					- 1						ľ	
		outification and a state of					<u> </u>						,

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2-20-03 (252) 629-8677