## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

LEMASTER, GARY D

OCALA FL 34470

City & State

Zip

SIGNATURE

7 EAST SILVER SPRINGS BLVD., SUITE 100

P02000080047

3. Mailing Address

1. Entity Name

OCALA FL 34470

GARY D. LEMASTER AND ASSOCIATES, P.A.

Country

6.-Name and Address of Current Registered Agent-



**FILED** Jan 13, 2003 8:00 am Secretary of State

		01-13-20	01-13-2003 90402 037 ***150.00							
S, P.A.			05 70 102	. 057	130.00					
Mailing Address 7 EAST SILVER SPRIN OCALA FL 34470	IGS BLVD., SUITE 100									
. Mailing Address										
Suite, Apt. #, etc.		☐ CHECK HE	RE IF MAKI	NG CHAN	IGES					
City & State		4. FEI Number 200 - 0352	2_		Applied For Not Applicab					
Zip Country		5. Certificate of Status Desired		\$8.75	75 Additional Required					
stered Agent		7: Name and Address of New Registered Agent								
	Name			<u> </u>						
	Street Addr	Street Address (P.O. Box Number is Not Acceptable)								

City 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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

7 EAST SILVER SPRINGS BLVD., SUITE 100

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS								
TITLE				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY-ST-ZIP	LEMASTER, GARY E 7 EAST SILVER SPRINGS BLVD., SUITE 100 OCALA FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS _CITY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information currelied with this file.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

hat 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 performent of supplies ental 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 in or the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee empowered to execute the reformation of the receiver of trustee. indicated on this of the corporation or the receiver o changed, or on an attachment with

SIGNATURE

CR2E034 (10/02)