

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 030 ***550.00

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

DOCUMENT # P02000084620

1. Entity Name
DEALER SERVICES OF OCALA, INC.



Principal Place of Business
2665 NE 35TH STREET
OCALA, FL 34471

Mailing Address
2665 NE 35TH STREET
OCALA, FL 34471

2. Principal Place of Business
2321 NE 29th Ave
Suite, Apt. #, etc.

3. Mailing Address
1203 SE 14th Ave
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL
Zip
34471 Country
US

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Ocala, FL
Zip
34471 Country
US

4. FEI Number
76-0706691 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGER, WALLACE E JR
2661 SE 41ST STREET
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name
Raleigh Dugger
Street Address (P.O. Box Number Is Not Acceptable)
1203 SE 14th Ave
City
Ocala FL Zip Code
34471

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 the obligations of registered agent.

SIGNATURE *Raleigh Dugger* **Raleigh Dugger** **05-27-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGER, WALLACE E JR 2661 SE 41ST STREET OCALA, FL 34480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dugger, Raleigh 1203 SE 14th Ave Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tarrant, Julian 1557 NE 9th Street Ocala, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Haverlock, Herschel 3377 SE 92nd Street Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Vachon, Aimee 637 SE 24th Street Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Raleigh Dugger* **Raleigh Dugger** **05-27-03** **(352) 629-0175**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)