

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

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90038 042 \*\*\*150.00

<b>DOCUMENT #</b> PO4000138695
<b>1. Entity Name</b>
NATHAN JAMES FOLEY PA

**DO NOT WRITE IN THIS SPACE**

20028101

<b>2. Principal Place of Business</b> 3240 SW 34TH ST #314		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> OCALA, FL		<b>City &amp; State</b>	
<b>Zip</b> 34474	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 75-3169620		<b>Applied For</b> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		\$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>		
	Name NATHAN JAMES FOLEY		
	Street Address (P.O. Box Number is Not Acceptable) 3240 SW 34TH ST #314		
City OCALA		FL	Zip Code 34474

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:  NATHAN JAMES FOLEY DIRECTOR 3/25/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NATHAN FOLEY 3240 SW 34TH ST APT 314 OCALA FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 attachment with an address, with all other like empowered.

SIGNATURE:  DIRECTOR NATHAN J FOLEY 3/23/2005 352-286-4715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #