

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90068 010 ***150.00

DOCUMENT # P94000069852

1. Entity Name
D.I.Y. CENTER, INC.

Principal Place of Business

**718 NW PINE ST
 OCALA FL 34475**

Mailing Address

**718 NW PINE ST
 OCALA FL 34475**

2. Principal Place of Business

2191 NW 10th St

Suite, Apt. #, etc.

3. Mailing Address

2191 NW 10th St

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34475

Country

US

Zip

34475

Country

US

4. FEI Number

59-3270594

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TAYLOR, L. E
 1029 W MAGNOLIA ST
 LEESBURG FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MCCORMIC, JOSEPH B.**
 STREET ADDRESS **718 NW PINE AVE**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
 NAME **MCCORMIC, DANIEL C**
 STREET ADDRESS **718 NW PINE AVE**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
 NAME **DENSON, PATRICK M**
 STREET ADDRESS **33249 TEWKSBURY DR**
 CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 TAYLOR, L. E

4/30/02 352-629-8948
 Date Daytime Phone #

CR2E034 (9/01)