Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Principal Place of Business #60 E CROCKER SWALLP PS EAST PRIATION FL 20131 Superior Address P.O. & State P.O. & State	Principal Place of Business 460 E CROCKER SWAMP PS EAST PALATKA FL 32131 2. Principal Place of Business 3. Mailing Address P.O. BOX 187 Suite, Apt. #, etc. City & State City & State City & State City & State	4. FEI Number 59-3273160 Applied For Not Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOEGLER, STEVEN C 4655 SALISBURY ROAD SUITE 390 LOKSOMVILLE FL 32256 City FL Zip Code City FL Zip Code City FL Zip Code 6. 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 9. This corporation is oligible to satisfy its Intangible Tax Ring requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P Deles TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P Deles TITLE SIRET ADDRESS CITY-ST-2P TITLE SIR	City & State East Palatka, F/ Zip Country Zip Country Zip Country 32/3/ USA	59-3273160 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
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KCEGLER, STEVEN C 4855 SALISBURY ROAD, SUITE 390 **City** City** **City**	6. Name and Address of Current Registered Agent	
A65S SALISBURY ROAD, SUTTE 300 **City** FL Zip Code*** **City** Fl Zip Code** **City** Fl Zip Cod	MOECHED STEVEN C	
Acksonville FL 32256 City	4655 SALISBURY ROAD	₽ Zip Code
SIGNATURE Signame, typed or spread name of registered apert and site of applicable. (NOTE: Registered Agera signature required when reinstatung) 9. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAM	T in the second	• •
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Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Sh.00 May Be Added to Fees	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required	when reinstating) DATE
Tax filing requirement and elects to do so. (See criteria on back) Added to Fees System State State	9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00	10. Election Campaign Financing \$5.00 May Re
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CITY-ST-ZIP • CITY-ST-ZIP	SIT ST BI	•
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	13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the softhe corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.	