

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**  
 04-19-2000 90095 022 \*\*\*150.00

**DOCUMENT # P94000089158**  
 1. Entity Name  
**O'QUINN'S INC.**

Principal Place of Business      Mailing Address  
~~2716 N.E. 14TH ST.~~      ~~2716 N.E. 14TH ST.~~  
 Ocala FL 34470      Ocala FL 34470-4821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 2637 E. Silver Sprgs Blvd      2637 E. Silver Sprgs Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Ocala, FL      Ocala, FL  
 Zip      Country      Zip      Country  
 34470      Marion      34470      Marion

4. FEI Number      Applied For  
**59-3280321**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'QUINN, RONALD**  
~~2716 N.E. 14TH ST.~~      2637 E. Silver Sprgs Blvd  
 Ocala FL 34470

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <input type="checkbox"/> Delete |
| NAME                       | <b>O'QUINN, RONALD</b>            |
| STREET ADDRESS             | <del>2716 N.E. 14TH ST.</del>     |
| CITY-ST-ZIP                | <b>OCALA FL 34470</b>             |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS  | 2637 E. Silver Springs Blvd.   |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** *Ann G. O'Quinn* V.P. **ANNY O'QUINN**      4/13/2000      352-622-6688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 19/99