

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042642

1. Entity Name
CHOICE LOCATIONS INC

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90383 006 ***150.00

Principal Place of Business

Mailing Address

STE F HERITAGE BUILDING
155 SE HWY 19
CRYSTAL RIVER FL 34429
US

STE F HERITAGE BUILDING
155 SE HWY 19
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

5125 W. PITCH PINE CT.

3. Mailing Address

P.O. Box 418

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO FL.

City & State

LECANTO FLORIDA.

4. FEI Number

59-3318091

Applied For

Not Applicable

Zip

34461

Country

CITRUS.

Zip

34460

Country

CITRUS.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL PLUMB
5125 W PITCH PINE CT
LECANTO FL 34461

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]

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MICHAEL PLUMB
STREET ADDRESS STE F HERITAGE BUILDING, 155 SE HWY 19
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE P
NAME MICHAEL PLUMB
STREET ADDRESS 5125 W. PITCH PINE CT.
CITY-ST-ZIP LECANTO FL. 34461 ☐ Change ☐ Addition

TITLE V
NAME PLUMB, MELANIE
STREET ADDRESS 4108 N CASA TERR
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE V
NAME MELANIE PLUMB
STREET ADDRESS 5125 W. PITCH PINE CT.
CITY-ST-ZIP LECANTO FL. 34461 ☐ Change ☐ Addition

TITLE ST
NAME DELIA PLUMB
STREET ADDRESS 4108 N CASA TERRACE
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE ST
NAME DELIA PLUMB
STREET ADDRESS 5125 W. PITCH PINE CT.
CITY-ST-ZIP LECANTO FL. 34461 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 duly empowered.

SIGNATURE:

[Signature] MICHAEL PLUMB

4-22-01 352-746-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)