

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91165 033 \*\*\*550.00

<b>DOCUMENT # P95000061030</b>			
1. Entity Name OCALA INDUSTRIAL SUPPLY, INC.			
Principal Place of Business 1807 N. MAGNOLIA AVENUE OCALA FL 34475		Mailing Address <i>change</i> 1807 N. MAGNOLIA AVENUE OCALA FL 34475	
2. Principal Place of Business		3. Mailing Address P.O. Box 1539	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OCALA FL	
Zip	Country	Zip	Country
		34478	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMATEA, FRANK C 500 N.E. 8TH AVE. OCALA FL 34470-5345		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Chris Goode
NAME	GOODE, CHRIS	NAME	P.O. Box 1539
STREET ADDRESS	1807 N. MAGNOLIA AVENUE	STREET ADDRESS	OCALA FL 34471
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

*Chris Goode*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/02 352598-5308

CR2E034 (9/01)