

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092200

1. Entity Name
SIEMENS OCALA CORP.

Principal Place of Business
4800 N. FEDERAL HWY., SUITE 202E
BOCA RATON FL 33431

Mailing Address
4800 N. FEDERAL HWY., SUITE 202E
BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90244 049 ***150.00

459402



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0629226	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEMENS, RICHARD
4800 N. FEDERAL HWY., SUITE 202E
BOCA RATON FL 33431

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 PD
NAME SIEMENS, RICHARD
STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 202E
CITY-ST-ZIP BOCA RATON FL 33431

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

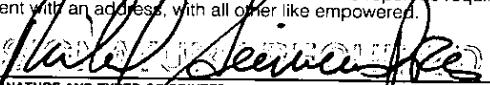
TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

561-362-9205

Date

Daytime Phone #

CR2E034 (9/01)