

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90020 029 \*\*\*150.00

**DOCUMENT # P95000094993**

1. Entity Name  
**MULTI DIRECTORIES, INC.**

Principal Place of Business  
**107 LA VISTA ST**  
**FRUITLAND PARK FL 34731**  
**US**

Mailing Address  
**107 LA VISTA ST**  
**FRUITLAND PARK FL 34731**  
**US**

2. Principal Place of Business  
**1348 Peters Dr.**

3. Mailing Address  
**1348 Peters Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Leesburg, FL**

City & State  
**Leesburg, FL**

4. FEI Number  
**65-0627722**

Applied For  
 Not Applicable

Zip  
**34748** Country  
**USA**

Zip  
**34748** Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**OLIVE, URSULA**  
**107 LA VISTA STREET**  
**FRUITLAND PARK FL 34731**

## 7. Name and Address of New Registered Agent

Name  
**Olive, Ursula**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1348 Peters Dr.**  
**1**  
 City  
**Leesburg FL** Zip Code  
**34748**

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 **Ursula Olive**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	OLIVE, URSULA R	107 LA VISTA STREET	Leesburg, FL 34748	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Ursula Olive** **Ursula Olive**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)