

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90121 015 ***150.00

DOCUMENT # P96000019314

1. Entity Name
OCALA PROPERTIES, INC.

Principal Place of Business

**3019 SW 27TH AVE
 STE 202
 Ocala FL 34474
 US**

Mailing Address

**3019 SW 27TH AVE
 STE 202
 Ocala FL 34474
 US**

00041704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 SE 17th Street

3. Mailing Address

1700 SE 17th Street

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

USA

Zip

34474

Country

USA

4. FEI Number **59-3366717**

Applied For

Not Applicable

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

**BOYD, RAY THAD III
 3019 SW 27TH AVENUE, #202
 Ocala FL 34471**

**Ray Thad Boyd, III
 1700 SE 17th Street**

#300

Ocala

FL 34471

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

3-27-01

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **YOUNG, LARRY E**
 CITY-ST-ZIP **2932 S.W. 41ST PLACE**
OCALA FL 34471

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-01

352-861-2218

CR2E034 (10/00)