2002 Uniform Business Report (UBR)

SIGNATURE:

DOCUMENT # P96000088689 OCALA FIRST CORPORATION, INC.						Secretary of State 03-20-2002 90049 023 ***150.00				
Principal Plac	ce of Business	Mailing Address								
4205 S.E. 7TH PLACE OCALA FL 34471		4205 S.E. 7TH PLACE OCALA FL 34471				80045728				
1711	Place of Business M Lane	3. Mailing Address 1711 5.E. 35m Lane				1 122 132 1 12 12 10 2 111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111 2 2111				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u>. </u>	هنده د <u>و ش</u> هدرد _{ین}			DO.NOT.WRITE.IN	ŊŢĦIS SŖĄCE	-	
City & State DCala, FL		City & State OCALA, FL			4. FEI Numl		59-3413206 Not A		pplied For ot Applicable	
Zip 344	71 Country	34471	Cour	'SA	5. (Certificate of S	tatus Desired [□ \$8.75 Ad Fee Require		
	6Name and Address of Current R				~~~ 7. 1	Name and Add	fress of New Regis	stered Agent		1
	ELL, MARK 7TH PLACE L 34471			Street Add	dress (P.O. E	30x Number is	Not Acceptable)			- - - - - -
				City	DealA	7		FL Zip Coo	747/	}
Tax filing	Signature, types or printed hame be egistered agent an orgation, is eligible to satisfy its Intangible, requirement and elects to do so, tria on back)	FILE NOW!!! After May 1, 2000 Make Check Payable	FEE 2 Fee	will be \$55	0.00	-10. Election	n Campaign Financiund Contribution.		00 May Be. d to Fees	
11.	OFFICERS AND D		12.	epartinent		DITIONS/CHA	NGES TO OFFICER	RS AND DIRECTOR	RS IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, MARK 4205 S.E. 7TH PLACE OCALA FL 34471	Delete	TITLI NAM STRE		וקון 5.	E 35TA, FL	lane	Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	}					Change	Addition]5
NAME STREET ADDRESS CITY-ST-ZIP			Ш			ritte e . eu .	, or warning	- يا Change ،	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	II					☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	ш					☐ Change	☐ Addition	
13. I hereby indicated of the colchanged	certify that the information supplied with the don this report or supplemental report is to reportation or the receiver or trustee impower, or on an attachment with an address, with an address, with an address.	nis filing does not qualify for to rue and accurate and that my gred olexecute this report a final/other like empowered.	he exe signate regul	mption stated gare shall haved by Chapt	d in Section te the same l ter 607, Flori	119.07(3)(i), Flegal effect as da Statutes; ar	orida Statutes. I furt if made under oath; id that my name ap	her certify that the that I am an office pears in Block 11 c	information r or director or Block 12 if	

MARK D. D'Connell 352-629-0045