2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

P96000088801

Mailing Address

1. Entity Name

CHAD C. CANNADAY P A

Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90282 012 ***150.00

FILED



| OCALA FL 34480 | | | 4520 SE 62ND ST CCALA FL 34480 | 4520 SE 62ND STREET OCALA FL 34480 | | | | | | |
|---|-------------------------------------|--|--|---------------------------------------|---|-------------|--|-------------|------------------------|--|
| 2. Principal | Place of Busir | ness | 3. Mailing Addres | 3. Mailing Address | | | | | | |
| Suite, Apt | t. #, etc. | | Suite, Apt. #, et | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKII | NG CHANGES | S | |
| City & Sta | ite | | City & State | City & State | | | 4. FEI Number 59-34 10128 Applied For | | | |
| Zip Country Zip | | | Zip | Country | | 5. C | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| CANNADAY, CHAD C 4520 SE 62ND STREET | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | and the second s | | <u> </u> | | - | | | |
| OCALA FL 34480 | | | | | City FL Zip Code | | | | | |
| SIGNATURE | Signature, typed | ered agent. | d agent and title if applicable. | | ed office or regi | | *** | | , and accept | |
| Make Chec | r May 1, 200 | 3 ³ Fee will be \$55 Florida Departm | 0.00 ent of State | | | } | Election Campaign Financing Trust Fund Contribution. | | 00 May Be d to Fees | |
| 10. | | | AND DIRECTORS | 11. | | ADE | DITIONS/CHANGES TO OFFICERS AN | ID DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS DITY-ST-ZIP | P CHAD C C 4520 SE 6 OCALA FL | ANMADAY | □ Delet | NAME STREE | | , | | ☐ Change | Addition | |
| ITLE IAME ITREET ADDRESS ITY-ST-ZIP | | | ☐ Delet | NAME STREE | I | - | | ☐ Change | ☐ Addition | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | | ☐ Delet | NAME STREE | I | | | ☐ Change | ☐ Addition | |
| TLE AME TREET ADDRESS ITY-ST-ZIP | (| e e e estadores e | ☐ Delete | NAME STREE | T_ADDRESS | | entropological School State St | Change | Addition | |
| TLE AME TREET ADDRESS ITY-ST-ZIP | | | ☐ Delate | NAME STREE | T ADDRESS ST-ZIP | ., | | ☐ Change | Addition | |
| TLE AME TREET ADDRESS TY-ST-ZIP | | | ☐ Delete | NAME | T ADDRESS ST-ZIP | | | ☐ Change | Addition | |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: