2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90468 036 ***150.00

DOCUMENT #P97000057 1. Entity Name E.T.I.R.A., INC.	730 , ţ		9005236	Δ
Principal Place of Business 1111 NE 25TH AVE SUITE 201 0CALA, FL 34470	Mailing Address 1111 NE 25TH AVE SUITE 201 OCALA, FL 34470			
2. Principal Place of Business 109/2 MW /4/9 Suite, Apt. #, etc.	7ue / 09 / 2) 14 Are		
GATIVES VILLE FL	dulle, Apr. #, etc.		CHECK HERE IF MAKIN	IG CHANGES
512 606	Gaily & State Gaily & State	PL	4. FEI Number 58-2341248	Applied For Not Applicable
Zip Country	32606	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
HAINES, TIM D 125 NE 1ST AVE., STE. 1 OCALA, FL 34470	t Registered Agent	Street Address (7. Name and Address of New Registers Yest Theurer P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the obligations of registered agent. StGNATURE Stgnature, typod or mad name (segistered agen)	Theures	egistered office or register	eurer 3/14	//
FILE NOW!!! FEE IS \$150.00 'After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department	of State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS Defete	11.	ADDITIONS/CHANGES TO OFFICERS AI	····-
NAME THEURER, ERNIE STREET ADDRESS 1111 NE 25TH AVE., #201 OCALA, FL 34470	3		cold FL 32606	Change Addition Section 28
TITLE D NAME THEURER, JEAN STREET ADDRESS CITY-S1-2P OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		[2] Change ☐ Addition 2
TITLE NAME STREET ADDRESS CITY-ST-2IP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	e de la company	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	1/ILE NAME STREET ADDRESS C/ITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. Thereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emprchanged, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR 1	s true and accurate and that my owered to execute this report as with all other like empowered.	r signature shall have the s s required by Chapter 607, Set Theu 1et	ame legal effect as if made under oath; that, Florida Statutes; and that my name appears,	non an officer or director