2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P97000063732 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

426 N.W. 2ND AVENUE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

OCALA FL 34475

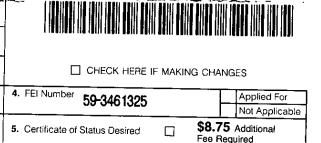
CHARLOTTE I. HUNTER, P.A.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90066 001 ***150.00

90004050



DATE

HUNTER, CHARLOTTE I 426 N.W. 2ND AVENUE

OCALA FL 34475	
<u> </u>	City
8. The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State

☐ Delete

Mailing Address

OCALA FL 34475

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

426 N.W. 2ND AVENUE

in the State of Florida. I am familiar with, and accept the obligations of registered agent.

11.

TITLE

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be Added to Fees

Zip Code

Change Addition **HUNTER, CHARLOTTE I** NAME NAME 426 N.W. 2ND AVENUE STREET ADDRESS STREET ADDRESS OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

Daytime Phone #