

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90063 046 ***150.00

0534898 AV

DOCUMENT # **P98000028867**

1. Entity Name
SOVEREIGN BUILDING INVESTMENT CORPORATION

Principal Place of Business C/O SAVAGE, KRIM, SIMONS. & JONES LLC 121 NW 3RD STREET Ocala FL 34475 US	Mailing Address C/O SAVAGE, KRIM, SIMONS. & JONES LLC 121 NW 3RD STREET Ocala FL 34475 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 18 NW 3rd Avenue	3. Mailing Address c/o Fischer Law Office Suite, Apt. #, etc. 18 NW 3rd Avenue
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City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 59-3504975	Applied For <input type="checkbox"/> Not Applicable
Zip 34475	Country USA	Zip 34475	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FISCHER, TIMOTHY A 121 NW 3RD STREET Ocala FL 34475	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18 NW 3rd Avenue City Ocala FL 34475
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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: *Timothy A. Fischer* **DEF**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DVT STANDLEY, JOSEPH W SR. 121 NW 3RD STREET OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 NW 3rd Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS FISCHER, STEPHEN E 121 NW 3RD STREET OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 NW 3rd Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FISCHER, TIMOTHY A 121 NW 3RD STREET OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 NW 3rd Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy A. Fischer* **DEF** Timothy A. Fischer 4/4/02 (352)622-4257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)