## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

OCALA FL 34479

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5711 N.E. 25TH AVE.

## P98000079519 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

5711 N.E. 25TH AVE.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

OCALA FL 34479

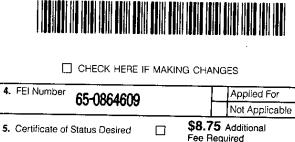
CENTRAL DOZER SERVICE, INC.



## **FILED** Jan 14, 2003 8:00 am **Secretary of State**

01-14-2003 90043 003 \*\*\*150.00

JUUULJ41



DATE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPPEN, ANGELA Street Address (P.O. Box Number is Not Acceptable) 5711 N.E. 25TH AVE. **OCALA FL 34479** 

City Zip Code 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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Change ☐ Addition NAME STEPPEN, ANGELA NAME STREET ADDRESS 5711 N.E. 25TH AVE. STREET ADDRESS CITY-ST-ZIP **OCALA FL 34479** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CREWS, WENDELL NAME STREET ADDRESS 5711 N.E. 25TH AVE. STREET ADDRESS CITY-ST-7IP **OCALA FL 34479** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information sup with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shalf have the same legal effect as if made under oath; that I am an officer or director his report as required by Grapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is indicated on this report or supplemental report is true and accurate of the corporation or the receiver or changed, or on an attachment with ustge empowered to execute

SIGNATURE:

SIGNAPORE AN IG OFFICER OR DIRECTOR