

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90132 034 \*\*\*150.00

**DOCUMENT # P98000094466**

1. Entity Name  
**BIG APPLE OF OCALA, INC.**



Principal Place of Business  
**4409 NW HWY 27  
OCALA FL 34482**

Mailing Address  
**4409 NW HWY 27  
OCALA FL 34482**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**4409 NW HWY 27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**OCALA, FL.**

4. FEI Number  
**59-3543534**

Applied For  
Not Applicable

Zip Country  
**34482 MARION**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BUCKLEY, WILLIAM  
3 PECAN RUN PLACE  
OCALA FL 34472**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE *William Buckley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/03**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>P</b>	<b>BUCKLEY, WILLIAM G</b>	<b>3 PECAN RUNPLACE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<b>OCALA FL</b>					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03 (352) 622-7799**

Date Daytime Phone #

CR2E034 (10/02)