

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90247 012 \*\*\*150.00

**DOCUMENT # P99000012547**

1. Entity Name  
**DEVELOPMENTAL SERVICE PROVIDERS OF MARION, INC.**



Principal Place of Business

**2419 SE FORT KING**

**OCALA FL 34471**

**5861 Hwy 441**  
**OCALA, FL 34471**

Mailing Address

**PO BOX 830954**

**OCALA FL 34483**

2. Principal Place of Business

**5861 Hwy 441**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OCALA FL**

City & State

Zip

Zip

**34471**

Country

**USA**

Zip

**34483**

Country

**USA**

4. FEI Number **65-0896427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOLLER, DAVID**  
**3520 SE 18 AVE**  
**OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

**KOLLER, DAVID**  
**4922 SE 40th TERR**

City **OCALA** FL **34480**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 1/23/03**

**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

TITLE **D** ☐ Delete  
NAME **KOLLER, DAVID**  
STREET ADDRESS **3520 SE 18 AVE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **DIR** ☐ Delete  
NAME **BOYNE, VICTORIA**  
STREET ADDRESS **3821 SE 22 PLACE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4922 SE 40th Terrace**  
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 1/21/03**

CR2E034 (10/02)