

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90470 006 \*\*\*150.00

A0063168

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P99000018301																							
<b>1. Entity Name</b> JFB & Ocala, Inc.																							
<b>Principal Place of Business</b> 1700 SE 17th Street, #300 Ocala, FL 34471		<b>Mailing Address</b> 1700 SE 17th Street, #300 Ocala, FL 34471																					
<b>2. Principal Place of Business</b> 1700 SE 17th Street Suite, Apt. #, etc. #300 City & State Ocala FL Zip 34471 Country USA		<b>3. Mailing Address</b> 1700 SE 17th Street Suite, Apt. #, etc. #300 City & State Ocala FL Zip 34471 Country USA																					
<b>4. FEI Number</b> 59-3576913		<b>Applied For</b> <input type="checkbox"/> Not Applicable																					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
<b>6. Name and Address of Current Registered Agent</b> Ray Chad Boyd, III 1700 SE 17th Street, #300 Ocala, FL 34471		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div><b>SIGNATURE</b> </div> <div><b>DATE</b> 4-28-01</div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																					
<b>10. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																					
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																					
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<b>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.</b>																							
<b>SIGNATURE:</b>		<b>DATE</b> 4-28-01 <b>DAYTIME PHONE #</b> 352-861-2248																					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

CR2E034 (11/00)