

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90062 002 ***150.00

DOCUMENT # P99000048379

1. Entity Name

1718 OF OCALA, INC.

Principal Place of Business

0019 SW 27TH AVE. SUITE 202
OCALA FL 34474

Mailing Address

3019 SW 27TH AVE. SUITE 202
OCALA FL 34474

2. Principal Place of Business

1700 SE 17th Street

3. Mailing Address

1700 SE 17th Street

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34471

Country
USA

Zip
34471

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III
3019 SW 27TH AVE
STE 202
OCALA FL 34474

7. Name and Address of New Registered Agent

Name
Roy T. Boyd III
Street Address (P.O. Box Number is Not Acceptable)
1700 SE 17th Street
#300
City
Ocala FL Zip Code
34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM D 125 NE 1ST AVE, SUITE 1 OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy T. Boyd III 1700 SE 17th Street #300 Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

352-861-2248

Daytime Phone #

CR2E034 (10/00)