## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR

## FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # **P99000093747** 1. Entity Name TARGET INVESTING, INC. 01-27-2001 90068 048 \*\*\*150.00 Principal Place of Business Mailing Address 501 PAWNEE TRAIL 501 PAWNEE TRAIL MAITLAND FL 32751 MAITLAND FL 32751 900099 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3604409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKAY, DAVID L Street Address (P.O. Box Number is Not Acceptable) 2801 SW COLLEGE RD., SUITE 1 OCALA FL 34474 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, ALEXANDER S NAME STREET ADDRESS 31010 EDGEWATER RD. STREET ADDRESS CITY-ST-ZIP **PEPPER PIKE OH 44124-5122** CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition COLLENS, JONATHAN L NAME NAME STREET ADDRESS 3480 COOK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDINA OH 44256-9233 MACKAY, GEORGE L. Soi PANNEE TRAIL TITLE □ Delete TITLE MACKAY, GEORGE L NAME NAME STREET ADDRESS **501 PAWNEE TRAIL** STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP-MAITLAND: FL"32751 TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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.