

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90322 016 \*\*\*150.00

**DOCUMENT # S33824**

1. Entity Name

**OCALA DOME CEILINGS, INC.**

Principal Place of Business

**4525 S.E. 13TH ST.  
 Ocala FL 34471  
 US**

Mailing Address

**4525 S.E. 13TH ST.  
 Ocala FL 34471  
 US**

2. Principal Place of Business

3. Mailing Address

**40 W.J. Tremblay P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1801 S. Federal Hwy Ste#219**

City & State

City & State

**Delray Beach, FL.**

Zip

Country

Zip

Country

**33483**

**US**

4. FEI Number **59-3053584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOODY, BRIAN K  
 4525 S.E. 13TH ST.  
 Ocala FL 34471**

Name

**W.J. TREMBLAY P.A.**

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

**1801 S. Federal Hwy. Ste#219**

City

**Delray Beach**

**FL**

Zip Code

**33483**

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

*W. J. Tremblay*

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

(NOTE: Registered Agent signature required when reinstating)

**4/4/2001**

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DPVS  
 MOODY, BRIAN K.  
 4525 S.E. 13TH STREET  
 Ocala FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**ST  
 MOODY, CHERYL L  
 4525 S.E. 13TH STREET  
 Ocala FL 34471**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**DPVS**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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

*Brian K. Moody* (President)

Date

**4/15/01**

Daytime Phone #

CR2E034 (10/00)