## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name		0046762		Sec	cretary 0 06-2002 90047 04	of Sta	ate	
Principal Place of Business 12400 SW 16 AVE OCALA FL 34473		Mailing Address 12400 SW 16 AVE OCALA FL 34473			8844 8844 8844 8844 <b>88</b> 44 <b>8</b>	1888 (1888 1888)	<b>8</b> 313 <b>8</b> 31 <b>8</b> 1 <b>488</b> 1	
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	1009927	_ <del> </del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status		8.75 Addi ee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and Address	of New Registered A	gent		
		Name	Name					
MITCHUSSON, RANDY L 12400 SW 16 AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
OCALA FL 34473			City FL Zip Code				)	
6 The share	named entity submits this statement for the	the numbers of changing its re	agintored office or regist	ored agent or both in the				
Tax filing r (See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable		10. Election Ca Trust Fund	mpaign Financing Contribution.	Added	May Be to Fees	
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGI	ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHUSSON, RANDY L 12400 SW 16TH AVENUE OCALA FL 34473	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MITCHUSSON, DEBRA 12400 SW 16TH AVENUE OCALA FL 34473	□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	₩ A44 - 944		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee appower, or on an attachment with an appress, with	nis filing does not qualify for the rue and accurate and that my vered to execute this report at the fill other like amplified.	he exemption stated in signature shall have the produced by Chapter 6	Section 119.07(3)(i), Florid e same legal effect as if m 07, Florida Statutes; and th	a Statutes. I further certi ade under oath; that I ar hat my name appears in	ify that the in m an officer of Block 11 or	formation or director Block 12 if	