

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

0071066 AV

04-04-2003 90102 037 \*\*\*150.00

<b>DOCUMENT #</b> 009540	
1. Entity Name LONCALA, INCORPORATED	

Principal Place of Business 125 N. W. 1ST AVENUE HIGH SPRINGS FL 32643-1001	Mailing Address 125 NW 1ST AVE HIGH SPRINGS FLA 32643 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-0336130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OLMERT, BRYAN J.**  
125 N W 1ST AVENUE  
HIGH SPRINGS FL 32643-1001

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLMERT, BRYAN J	
STREET ADDRESS	125 N W 1ST AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643-1001	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GWEN, ELLIS D	
STREET ADDRESS	125 NW 1ST AVENUE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643-1001	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, J H	
STREET ADDRESS	125 N W 1ST AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643-1001	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KRIM, FRED J	
STREET ADDRESS	121 N W 3RD ST	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REDDING, DAVID R. J	
STREET ADDRESS	125 NW 1ST AVE.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643-1001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *GWEN ELLIS* **REQUIRED** **GWEN D. ELLIS, ASSISTANT SECRETARY & TREASURER** **4/4/03** **(386) 454-1511**

CR2E034 (10/02)