

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90015 024 ***150.00

0473395 AV

DOCUMENT # 295363

1. Entity Name
OAKLAND ENTERPRISES, INC.

Principal Place of Business 513 LAKE BLUE DRIVE P.O. BOX 1594 LAKE PLACID FL 33852	Mailing Address 513 LAKE BLUE DRIVE P.O. BOX 1594 LAKE PLACID FL 33852
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-1279724	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 33862	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRAWFORD, ROBERT W.
1215 EAST BROWARD BLVD.
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name JEANNE FOSTER
Street Address (P.O. Box Number is Not Acceptable)
 537 S.E. 34th AVE
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: *Jeanne Foster* (NOTE: Registered Agent signature required when reinstating) **DATE** 3/30/02

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, 2002 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	PDS	<input type="checkbox"/> Delete
NAME	WILLIAMS, EUGENE A	
STREET ADDRESS	513 LAKE BLUE DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, MARGOT W	
STREET ADDRESS	1215 EAST BROWARD BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie W Johnson	
STREET ADDRESS	3720 E Oakland Park Blvd	
CITY-ST-ZIP	 Ft Lauderdale FL 33306-1637	
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		

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: *Eugene Williams* **EUGENE WILLIAMS 3-8-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** Daytime Phone #

CP2E034 (9/01)