

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

DOCUMENT # F 72727

1. Entity Name
Oaks Properties, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 27 PM 1:30

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
52 Coastal Hwy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 26
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panacea, Florida

City & State
Panacea, Florida

4. FEI Number
59-2170937

Applied For
 Not Applicable

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

Zip
32346

Country
~~USA~~ *USA*

Zip
32346

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Janalyn Brown

Street Address (P.O. Bx Number is Not Acceptable)
52 Coastal Hwy

City
Panacea **FL** Zip Code
32346

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 *Janalyn Brown, President* DATE *8/27/02*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President - Secretary Janalyn Brown 52 Coastal Hwy Panacea, Florida, 32346</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>vice president - treasurer Janice Redneck 52 Coastal Hwy Panacea, Florida 32346</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800007372988--3 -08/27/02--01037--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Janalyn Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-02 *850-984-5370*
Date Daytime Phone #

CR2E034B (12/01)

Attachment

F72727

8/27/02

I Janalyn Brown am requesting to
Waive the Late fee because I didnt
Receive the first notice. The Company
is Oaks Properties, Inc, Doc # F72727

Thank you
Janalyn Brown