2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am **DOCUMENT #** M77409 Secretary of State 1. Entity Name 02-06-2002 90022 041 ***158 OOTEN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 6700 TREASURE OAKS CIR 6700 TREASURE OAKS CIR TALLAHASEE FL 32988. TALLAHASEE FL 32985 32309-2055 US' 32309-2055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2912979 Not Applicable Zip Country Country \$8.75 Additional 区 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIMOTHY R. WHITNEY SHEFFIELD, FRANK E., P.A. Street Address (P.O. Box Number is Not Acceptable) 906 THOMASVILLE RD 306 E. 19 TH ST. TALLAHASSEE FL 32302 PANAMA CITY 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. TIMOTHY R. WHITNEY, ATTORNEY 01-20-2002 MCCONNAUGHHAY DUFFY COONROD POPE & WEAVER, PA SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 '9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE Change NAME OOTEN, HOMER A. NAME STREET ADDRESS STREET ADDRESS 6700 TREASURE OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 32309 - 2055 ☐ Addition TITLE ☐ Delete TITLE ☐ Change D NAME NAME OOTEN, YVONNE STREET ADDRESS STREET ADDRESS 6700 TREASURE OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32388. 32309-2055 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

SIGNATURE:

01/20/2002

850-906-9501

Daytime Phone #

FILED