

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90464 039 ****61.25

DOCUMENT # N01000002442

1. Entity Name

OAK VILLAGE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

218 S. LIME AVE.
 ORLANDO FL 32805

218 S. LIME AVE.
 ORLANDO FL 32805

94539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3743054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERAAJ, KEVIN
 4502 CANNA DR.
 ORLANDO FL 32839

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: MOORE, ERIC
 STREET ADDRESS: 4250 ALAFAYA TRAIL 212
 CITY-ST-ZIP: OVIEDO FL 32765

TITLE: Change Addition
 NAME: Gilleys Kenneth
 STREET ADDRESS: 318 Cello Circle
 CITY-ST-ZIP: Winter Spg. FL 32708

TITLE: Delete
 NAME: SERAAJ, KEVIN
 STREET ADDRESS: 4502 CANNA DR.
 CITY-ST-ZIP: ORLANDO FL 32839

TITLE: Change Addition

TITLE: Delete
 NAME: HOWARD, MILTON
 STREET ADDRESS: 160 N. DIVISION ST.
 CITY-ST-ZIP: OVIEDO FL 32765

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney like empowered.

SIGNATURE:

Kenneth T. Gilleys

1.28.02 107 699-8363

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)