

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093441

1. Entity Name
OH MY GAUZE!, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

05-05-2000 90073 020 ***150.00

Principal Place of Business Mailing Address
% TROY MYERS JR
2033 MAIN ST SUITE 600
SARASOTA FL 34237

2. Principal Place of Business 3. Mailing Address
352 ST. Armands Circle 2123-F Porter Lake Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA FL SARASOTA FL
Zip Zip Country Country
34236 USA 34240 USA

4. FEI Number 65-0556088 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MYERS, TROY H JR
2033 MAIN ST SUITE 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name KENNETH MOONEY
Street Address (P.O. Box Number is Not Acceptable)
502 N. SPOONBILL DR
City SARASOTA FL Zip Code 34236

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 KENNETH MOONEY *[Signature]* 9-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO MOONEY, JOY 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CP MOONEY, KEN 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MOONEY, ALLISON 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T MOONEY, KENDRA 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* KENNETH MOONEY 9-7-00 342-4992
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR 0024 (0/000)