

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90882 022 \*\*\*150.00

DOCUMENT # PA600000.0348  
1. Entity Name  
**Oren Building, Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1108 Nebraska Ave.</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Palm Harbor, Florida</b>		3. Mailing Address <b>1108 Nebraska Ave.</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Palm Harbor, Florida</b>	
Zip <b>34683</b>	Country <b>USA</b>	Zip <b>34683</b>	Country <b>USA</b>

4. FEI Number  
**59-3391021**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
**Teresa Bosserman**

Street Address (P.O. Box Number is Not Acceptable)  
**1108 Nebraska Ave.**

City  
**Palm Harbor, FL** Zip Code  
**34683**

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 Teresa Bosserman, VP  
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)

**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	<b>P Emmons, Todd 820 Georgia Ave. Palm Harbor, FL 34683</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S Bosserman, Teresa 820 Georgia Ave. Palm Harbor, FL 34683</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Teresa Bosserman **TERESA BOSSERMAN** ✓ **4.29.2002** (727) 773-8897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)